

-Financial Policy-

Thank you for choosing Kane Hall Barry Neurology. We are committed to building a successful relationship with you and your family. Your clear understanding of our financial policy is an important part of that relationship.

We do not accept any cash or checks. We offer contactless payment options through the online portal, self-check-in, and in-office. We accept all major cards: Visa, MasterCard, American Express, Discover Card, and CareCredit.

PAYMENT IS DUE AT THE TIME OF SERVICE

- 1. Guarantee of Payment & Pre-Certification:** In consideration of the services provided by my provider, I agree that I am responsible for all charges for services I receive that are not covered by my health insurance plan or for which I am responsible for payment under my health insurance plan. I agree to pay all charges not covered by my health insurance plan or for which I am responsible for payment under my health insurance plan. I further agree that, to the extent permitted by law, I will reimburse my provider for all costs, expenses, and attorney's fees incurred by my provider to collect those charges. If my insurance has a pre-certification or authorization requirement, I understand that it is my responsibility to obtain authorization for services rendered according to the plan's provisions. I understand that my failure to do so may result in a reduction or denial of benefit payments and that I will be responsible for all balances due.
- 2. Pre-Authorizations/Referrals:** While we will do our best to obtain required authorizations and referrals, it is the responsibility of patients to ascertain whether a referral is required for office visits. Opting not to adhere to payer policies on obtaining a referral from a Primary Care Provider may result in the patient being categorized as Self-Pay, with full payment required at the time of service. Failure to comply may require rescheduling and may incur a fee. Patients are also accountable for verifying with their insurance carrier whether recommended testing is covered under their medical coverage policy. If a patient opts for non-covered testing, full payment will be required at the time of service.
- 3. Cost Estimates:** We are committed to understanding your benefits and providing you with a cost estimate for your care before your appointment. Estimates are just that – estimates. Things can, and do, sometimes turn out differently. While we do our best to provide cost estimates as a courtesy, please inform us of any changes to your information such as name, address, phone numbers, and/or insurance information before your appointment. If you have any questions, please call us before your appointment so there are no surprises when you check-in. You are aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurance. You may be asked to pay for these services in full at the time of the visit and/or be responsible for any amounts uncovered by the insurance payor.
- 4. Self-Pay:** If you are uninsured, you will be responsible for payment in full at the time of service. Upon request, you have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. Under the law, healthcare providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.
- 5. Credit Card on File:** We kindly request that all patients provide a valid credit card to be securely stored on file. This credit card on file will be utilized for settling any outstanding balances or charges not covered by insurance. This streamlined approach ensures an efficient payment process, allowing you to concentrate on your health. Rest assured, we will provide a 5-day advance notice before auto-processing the card, offering transparency, and allowing you ample time to address any concerns.
- 6. Financial Assistance:** Kane Hall Barry Neurology offers payment plans at any given point. If our payment plans do not meet your needs, we suggest contacting CareCredit before your visit for financing options. They can approve your application before your appointment, typically within minutes of submitting your information, allowing you to pay for your visit over time. To learn more, visit www.carecredit.com or call 1-800-677-0718.
- 7. Non-covered insurances:** Kane Hall Barry Neurology does not accept Motor Vehicle Accident Cases, Worker's Compensation cases, letters of protection, or any 3rd party liability coverage. Also, we do not accept any new patients with Medicaid insurance (primary or secondary).

8. Medical Appointment Cancellation and No-show Fees: When you schedule an appointment with Kane Hall Barry Neurology, we set aside enough time to provide you with the highest quality of care. We understand that sometimes you may need to cancel an appointment due to unforeseen circumstances just as we sometimes need to reschedule your appointment.

Missed Appointments/Late Cancellations: Notice of 1 full business day allows us to offer that time to other patients who are waiting to be seen. Therefore, **if you miss an appointment, or if you cancel or reschedule an appointment with less than 1 business day's notice, we may charge a late cancellation fee of \$25 for office visit appointments and \$75 for all other appointments.** You may be discharged from the practice for multiple instances of no-shows/cancellations.

Late Arrival: If you find yourself running behind schedule, kindly inform us promptly so that we can collaborate with you to determine the most effective way to deliver your care. Please be advised that arriving more than 15 minutes past your scheduled appointment time will be marked as late arrival and fees will incur. While we will make every effort to accommodate you, we cannot guarantee it. Your understanding and cooperation are appreciated.

9. Interpreter and Translation Services. If you have requested interpreter or translation services for your visit and you miss your appointment without cancelling at least forty-eight (48) hours before your scheduled appointment, you may be charged the amount that the translation or interpreter service charges your care center for such missed appointment.

10. Returned Checks: The office will assess a \$50 return check fee for insufficient funds.

11. Paperwork Requests: Please refer to our website for the most up-to-date information regarding records requests. Fees may apply.