

ROCKFORD NEUROSCIENCE CENTER

BILLING AND PAYMENT PROCEDURES

Attn Patients: To assist you in keeping your account current, we are providing the following information for your review. We accept cash, personal checks, Visa, Mastercard, Discover, and money orders as payment.

PATIENTS WITH MEDICARE:

We will bill Medicare for you, and then bill your secondary carrier if applicable, once we receive payment from Medicare. **YOU MUST PROVIDE SECONDARY CARRIER INFORMATION AT TIME OF SERVICE.**

PATIENTS WITH MEDICAID:

A copy of current recipient card must be shown at the time of service. We will not be able to see you without this card. Please note that a \$2.00 copay **MUST BE PAID AT TIME OF SERVICE.** We will bill the remaining charges to **MEDICAID.** If you have a spenddown or third party liability, it will also be necessary for you to provide that information at time of your visit. **A \$15.00 SERVICE CHARGE WILL BE ADDED TO YOUR BILL IF YOUR COPAY IS NOT MADE AT THE TIME OF SERVICE.**

PATIENTS WITH COMMERCIAL INSURANCE:

It is your responsibility to find out from your insurance carrier whether your RNC physician is in network for your plan, and whether referrals or prior authorization is necessary. RNC will bill ALL carriers, however we are not responsible for determining network eligibility. Any balance due after complete payment is made by the insurance carrier, is the patient's responsibility and is **DUE IN FULL WITHIN 30 DAYS.** The copay, as determined by your carrier, is due at the time of service. **A \$15.00 SERVICE CHARGE WILL BE ADDED TO YOUR BILL IF YOUR COPAY IS NOT MADE AT TIME OF SERVICE.**

SELF PAY PATIENTS:

Payment in full is due at time of service.

PATIENTS WITH AUTO-RELATED OR WORKERS COMPENSATION INJURIES:

Due to the complexities of accident claims involving insurance providers, pre-payment of \$700.00 is required before an appointment can be scheduled. We cannot delay payment until such time as the insurance carrier or attorney settles the case. If money is due back to the patient after the case is settled, RNC will refund the amount quickly and in full. Please see our billing department if you would like a copy of our complete policy regarding this.

NO SHOW POLICY:

If a 24 hour notification of cancellation is not given for missed appointments a fee of \$50.00 will be charged to patient (not billable to insurance).

PATIENT SIGNATURE _____ Date _____

THANK YOU FOR CHOOSING RNC FOR YOUR CARE.