

FINANCIAL POLICY

Texas Neurosurgery, LLP requires payment in full for any amounts that are the patient's responsibility at the time of services are rendered. This includes co-pays, co-insurance, and /or deductible amounts. Once your claim is processed by your insurance company, any additional amount owed will be billed to you. If the patient's estimated amount due results in an overpaid claim, then a refund will be processed once all claims are settled and there are no additional amounts owed by the patient.

You are responsible for knowing the specific rules of your insurance carrier. If your insurance carrier requires a referral, it is your responsibility to obtain from your primary care physician prior to your scheduled appointment. If we do not have your referral the day prior to your appointment, then you will be contacted to reschedule your appointment. If you are seen by one of our physicians without a valid referral, then all charges will be responsibility of the patient.

Texas Neurosurgery, LLP does not accept Letters of Protection (LOP), and we do not file claims with automotive insurance companies.

Failure to provide your current insurance information prior to services being rendered may result in denial of your claim. We assist our patients with receiving reimbursement from your insurance company, however, please understand that you (the patient) have the final responsibility for your bill.

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare and other government sponsored programs, private insurance, and any other health plans to Texas Neurosurgery, LLP.

Patient Referral

To service you with the highest care quality, sometimes it is necessary to have other care providers join our team to complete or continue your medical procedures or treatment. We would like to keep you informed about any referrals to care providers who may be in or out-of-network. Should this Practice or physician refer me to a physician or non-participating provider out of the preferred provider panel, this Practice or physician will disclose to me that the referral is out of the preferred provider panel and any ownership interest. I understand this Practice, or my physician is not restricted from referring me to an out-of-network provider, and I may have more out-of-pocket costs from a non-participating provider.



DISCLOSURE OF PHYSICIAN'S OWNERSHIP INTEREST

Due to your physician's concern over improving the quality of care and controlling the cost of medical procedures, he, along with a number of other physician's has invested in hospitals, and/or other entities where you may be referred for care:

Methodist Hospital for Surgery	Addison, Texas
Baylor Medical Center at Uptown	Dallas. Texas
Mid Central Affiliates	Dallas, Texas

This investment provides your physician an opportunity to be actively involved in the quality control over your medical procedures and to ensure that your medical costs are reasonable. Your physician's ownership interest in these entities does mean that your physician may benefit financially through these entities. Due to this, your physician hereby advises you that you have the right to choose to be treated at some other facility at which they provide services. Your physician will make arrangements for such an alternative should you so desire.