

Financial Policies

The Center for Cranial & Spinal Surgery, P.C. is committed to providing you with the best possible medical care. The following information outlines financial responsibilities related to payment for professional services as you, the patient, are ultimately responsible for all charges associated with your care regardless of insurance coverage. The Center for Cranial & Spinal Surgery, P.C. believes that a good physician/patient relationship is based on understanding and communication. Your signature below indicates that you have read and agree to this Financial Policy.

Hours and Payment Types

Insurance/Accounts Office Hours:

8:00 a.m. - 4:00 p.m. Monday - Friday

Insurance/Accounts Office Phone: 703-560-1146 extension 6

CCSS accepts Visa, MasterCard, and American Express credit cards, personal checks and cash. You will be provided with a receipt for all payments.

Separate Billing

Most spinal surgery procedures require a surgical assistant. CCSS utilizes the services of Monica McKinney, RNFA, to assist Dr. Hope in surgery. Non-physician providers are considered non-par by insurance companies. You may incur a separate billing for Monica McKinney, RNFA services. In addition, if you have a procedure or service outside of our office, you may receive bills from multiple parties. These may include Inova Fair Oaks Hospital, Reston Hospital, Northern Virginia Surgery Center, anesthesia, nerve monitoring, radiology and pathology.

Northern Virginia Surgery Center

We are required to inform you that Dr Hope is an investor in the Surgery Center.

Participating Insurance Plans

CCSS participates with a variety of insurance plans. It is your responsibility to:

- Bring your insurance card and picture ID to every visit
- Be prepared to pay your co-pay before each visit
- For medical care not covered under insurance, payment will be your full responsibility
- Co-payments, co-insurance and deductibles are a contract responsibility between you and your insurance plan and we are unable to negotiate or reduce these amounts. Specific coverage issues should be directed to your insurance company member services department (typically, the number is found on the insurance card).

Referrals

It is your responsibility to bring any required referral for treatment at or prior to your visit. If you do not have your referral, your visit may be rescheduled or you may be financially responsible for the services provided.

Medicare

CCSS is a participating provider with Medicare. We always file your primary claim. We will file secondary carriers as a courtesy only. If payment from a secondary carrier is not received within 90 days of filing, all charges will become patient responsibility and are immediately due and payable.

High Deductible Plan

If you have a High Deductible Plan, be prepared to pay for your services in full as you incur them. If surgery is required you may be asked to pay in advance of booking a surgery time.

Non-Participating Insurances / Out of Network Plans

If you have insurance in which CCSS does not participate, we will file a claim as a courtesy. However, if payment is not received within 90 days of filing, all charges will become "patient responsibility" and are immediately due and payable.

Third Party Insurance and Motor Vehicle Accidents

If your care is related to a motor vehicle accident, please note your medical insurance may not cover your care. We do not file claims to auto insurance carriers or accept liens, nor do we bill third party insurance. You will be responsible for all charges and may submit those to other carriers as you like.

Treatment of a Minor

If the patient is a minor (under 18 years of age), the parent or guardian must sign below. The parent, guardian, or unaccompanied minor is responsible for any payment due at the time of service, and providing required referrals, insurance and picture ID cards.

We can discuss only billing information (no medical information) on an account for a patient over 18 years of age, regardless if the patient's parent, guardian or the subscriber is financially responsible.

Additional Charges

- For checks returned by your financial institution - for any reason - the returned check charge is \$40.00.
- For all patient balances not paid in full after 90 days, a monthly service fee will be incurred. The monthly service fee may be waived if arrangements have been made to place the account on a payment plan of three months up to six months, and the payment plan has been honored. Monthly service fees will resume if payment plan is not met according to the agreement. Payment arrangements for a limited schedule can be arranged under certain circumstances, if needed. Please contact the Insurance/Accounts Office to discuss your situation and terms.
- Cancellation of a scheduled surgery - with less than one business week notice - incurs a \$250.00 non-refundable fee. This fee is withdrawn only in the case of cancellation by physician order or inability to pass pre-operative clearance. Our Surgical Posting Office will be happy to discuss this fee with you.

Collection Attorney

We will not schedule any type of appointment for you, if your account has been turned over to our attorney for collection. If you have questions about your insurance, our Insurance/ Accounts Office will help you.

Printed Name of Patient or Parent (if minor) _____

Patient/Parent Signature _____ **Date** _____

Witness (CCSS Staff member) _____

These policies are subject to change without notice.