

Patient Name: \_\_\_\_\_

MRN # \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for choosing the Department of Neurology at Columbia University Medical Center. We understand that many patients find insurance coverage and financial responsibility issues complex and confusing so we have outlined our practice's policy. If you have any questions about our policies, our staff will be happy to assist you.

**What Is My Financial Responsibility?**

Your financial responsibility depends on a variety of factors, explained below. *Please check off which insurance type applies to the patient.*

**Payment for Office Visits and Services**

(1) If You Have...	(2) You Are Responsible For...	(3) We Will...
<input type="checkbox"/> Managed Care or Commercial Indemnity insurance plan and the provider is <u>not</u> a participating provider or benefits are considered out-of-network.	Paying 100% of the provider's full charges.	Submit an insurance claim to your insurance carrier on your behalf.
<input type="checkbox"/> Managed care plan and the physician <u>is</u> a participating provider or benefits are considered in-network	Obtaining referral authorization, if applicable Paying your deductible, copayments and any other financial obligation as stated in your plan	Inform you of any services not covered by your plan. Submit an insurance claim to your insurance carrier
<input type="checkbox"/> Traditional Medicare	Paying your deductible if it is not yet met for the calendar year, as well as any services not covered by Medicare. If you do not have secondary coverage or Medigap, you will also be asked to pay the 20% Medicare coinsurance.	Submit the Medicare claim, as well as any claims to your secondary insurance. For services that may not be covered by Medicare provide you with a Medicare ABN or Waiver for signature.
<input type="checkbox"/> Traditional Medicaid	Area Specific: Generally, you are responsible for no payment when the physician's office accepts Medicaid. If Medicaid is not accepted, you may be responsible for the visit charge upfront.	If Medicaid is accepted in your physician's office, we will bill Medicaid. If Medicaid is not accepted, we will collect the visit charge upfront.
<input type="checkbox"/> Worker's Compensation or No Fault	Providing to our staff a valid case number, accident date, insurance name and address, adjuster name and phone number. Providing authorization for the service if needed. Providing an AOB form for your No Fault carrier. No payment is due at the time of service.	Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures.
<input type="checkbox"/> Uninsured	Paying 100% of the provider's full charges	Work with you to settle your account.

**Patients Who Are Minors**

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages, or must provide complete and accurate information about the guarantor on the insurance that will be billed.

**Agreement Confirmation**

I have read, understand, and agree to this Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayment and deductible are my responsibility and are payable immediately upon receipt of patient statement.

I authorize my insurance benefits be paid directly to the Department of Neurology. I authorize the Department of Neurology at Columbia University Medical Center to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

 \_\_\_\_\_  
 Patient or Guarantor Printed Name

 \_\_\_\_\_  
 Patient or Guarantor Signature

 \_\_\_\_\_  
 Date