



Pacific Neurosurgery  
45 Castro Street, Suite 421  
San Francisco, CA 94114

**PACIFIC NEUROSURGERY OFFICE & PATIENT FINANCIAL POLICY**

I agree that in return for services provided to me by Pacific Neurosurgery, I will pay any account balances at the time of service or will make financial arrangements with Pacific Neurosurgery. If co-payments, deductibles, out-of-network balances, non-covered services and/or past balances are designated by my health plan, I agree to pay those balances directly to Pacific Neurosurgery. I understand that if my account is delinquent and all efforts to collect any balances have been exhausted, it may be turned over to a collection agency.

Non-Participating Insurance Accounts

A patient who is insured by an insurance carrier with which the practice does not participate, is considered a self-pay patient. It is the patient's responsibility to inform the practice of any insurance coverage changes, to confirm the practice's participation and to verify their eligibility before each visit. I understand and agree that I am obligated to pay the full charge(s) of all services rendered to me by Pacific Neurosurgery if I belong to a plan in which Pacific Neurosurgery does not participate.

Self-Pay Patients

Self-pay patients are those who are covered by an insurance carrier with which the practice does not participate or patients without insurance at the time of service. I understand and agree that, as a self pay patient, I am individually responsible to pay the full charges at the time of service.

HMO Referrals and Authorizations

If your insurance is an HMO (has a designated primary care physician), you are required to inform the office of this at the time of scheduling your appointment so an authorization may be obtained. If this information is not provided at the time of scheduling, you will be asked to reschedule your appointment.

Non-Covered Services

I understand that my insurance plan may not pay for all of my medical services and costs. Some items and services are not considered "covered benefits" under your health insurance plan and as such, your insurance will not pay for these services. It is the patients responsibility to understand what your plan covers and does not cover. You will be responsible for all non-covered charges/services.

Missed Appointments

Failure to arrive for a scheduled appointment and/or failure to cancel an appointment within 24 hours will result in a missed appointment fee of \$50 for each occurrence. The patient is fully responsible for this payment.

I HAVE READ AND UNDERSTAND THE POLICIES WRITTEN ABOVE

Signature

Date