



Office Policies

General: Please notify Neurology Associates of Norwalk of any changes in address, insurance, phone number, or primary care physician. Please request any medication refills directly with your pharmacy. I authorize the viewing of external prescription history information. Please allow up to 7 days for any refill request to be processed. If your insurance requires a prior authorization, please allow up to 7 days for us to complete the process with your insurance. Your insurance will take additional time, usually 2-15 days, to approve or deny any prior authorization request. Please check directly with your insurance as to the status of their approval or denial. Neurology Associates of Norwalk charges \$25 for completion of forms which may be requested by your insurance, employer, DMV or any other third party. More extensive forms, such as disability determinations, may command a higher fee of \$50. Depending on the timeframe of your last visit, your doctor may require you to be evaluated again in order to answer the questions being asked.

Insurance: I authorize my insurance to release benefits (payments) to Neurology Associates of Norwalk, P.C. I agree the insurance information provided by me is true and correct. If this information is invalid, I agreed to be fully responsible for payment. If my insurance carrier requires a referral and I do not obtain one, I will be responsible for payment. If my insurance carrier requires a precertification or predetermination I will be responsible to make sure one is approved by my insurance prior to having services provided to me. If this precertification or predetermination is not in place and I receive services, I agree to be responsible for payment in full. I further agree that if my physician does not participate with my insurance, I will be responsible for payment in full. I understand Neurology Associates of Norwalk does not participate with Medicaid (Husky). It is the patient's responsibility to determine if Neurology Associates is in network with your insurance plan. I understand even though Neurology Associates may participate with my insurance carrier, that carrier or employer may offer me a plan with does not include Neurology Associates of Norwalk as a network provider. It is the patient's responsibility to make us aware of any change in your insurance coverage at least 1 week in advance of any appointment. I will be responsible for any services my insurance denies as being considered experimental or not medically necessary. It is my responsibility to check with my insurance prior to treatment to determine what services they consider experimental or not medically necessary. If Neurology Associates does not participate with your insurance we will still be happy to submit claims to your insurance on your behalf. However, you are still financially responsible to us for all services rendered. In a situation where your claim is denied or only partial payment made by a non-participating insurance you will be responsible for the balance due. I understand that if I am a Qualified Medicare Beneficiary (QMB), I am responsible to give Neurology Associates of Norwalk a copy of such determination as provided by the State of Connecticut Department of Social Services prior to my visit(s). These policies supersede any agreements with my insurance carrier.

Motor Vehicle or Workers Compensation: I understand Neurology Associates of Norwalk is not accepting new patients with Motor Vehicle or Workers Compensation claims. If you are an already established patient and your visit is related to a **Motor Vehicle** accident, you must supply Auto Carrier claim information in addition to a letter of Med Pay benefits. In addition you must supply us with your medical insurance information to cover any claims denied or above the auto policy limits. If your visit is related to **Workers Compensation**, you must supply Workers comp insurance information in addition to a written referral from your PCP or physician who originally treated you for the injury. In addition you must supply us with your medical insurance information to cover any claims denied by Workers Comp or above the policy limits. Neurology Associates of Norwalk will provide you with a form to document this information.

Financial Obligations: Your co-pay or any previous balance is payable at time of service as this is a contract between you and your insurance company. I understand that I may be asked to reschedule my appointment or be charged an invoicing fee of \$15 if I am unable to make my copayment at time of service. Patients who are self-pay or who have insurance which we do not participate must make payment in full at the time of service. I authorize Neurology Associates of Norwalk and any of its agents to use the information provided for billing and other issues related to my care. Neurology Associates accept all major credit cards, checks and cash. There is a \$25 fee for any checks not honored by your bank. I understand and agree that if my account becomes delinquent and is transferred to a third-party collection agency that I will be assessed a fee of 15% of my balance being transferred to said agency. I understand that if my account becomes delinquent I will not be able to receive care from Neurology Associates of Norwalk until my account is brought current. If your delinquent balance is transferred to a third-party collection agency more than once you will not be able to receive care from Neurology Associates of Norwalk.

Missed Appointments: I understand there is a "No Show" fee for appointments missed or cancelled with less than 24 hours' notice, excluding weekends and holidays. I understand if I am 10 or more minutes late to my appointment that I will be considered a No Show. The No Show fee for a follow up appointment is \$35 while the No Show fee for a new patient or testing appointment is \$50. I understand the No Show fee will be assessed regardless of my reason for missing my appointment, even if that reason is beyond my control. I will also be charged a No Show fee if I come to my appointment but refused to have services rendered. If I miss 3 appointments within 18 months I understand I may not be offered any future appointments.