

## **Barolat Neuroscience**

Dr. Giancarlo Barolat, MD  
1721 E. 19<sup>th</sup> Ave, Suite 434  
Denver, CO 80218  
303-865-7800

### **FINANCIAL POLICY POLICY STATEMENT**

We would like to thank you for choosing Barolat Neuroscience and allowing us to provide your healthcare needs. The policies listed herein have been approved by our management with the goal of providing the finest care and service to our patients at the least cost.

Care delivered by this facility will be administered regardless of race, color, creed, social status, national origin, handicap or sex.

We are committed to providing you with high quality care. In order to accomplish this, we need your assistance in reading and understanding your financial responsibility and our payment policy.

### **RESPONSIBILITY FOR THE BILL**

It is the expectation that all patients/guarantors receiving services are financially responsible for the timely payment of all charges incurred. While Barolat Neuroscience will file verified insurance for payment of the bill(s) in accordance with our insurance contracts, and as a courtesy to the patient, *the patient/guarantor is ultimately responsible for payment.* The patient agrees to pay the account(s) in accordance with the regular rates and terms of the practice in effect at the time of service.

### **POINT OF SERVICE COLLECTIONS**

Payment for patient balances is due at the time the services are rendered and non-emergency services may be delayed until the necessary payment arrangements have been accomplished. A discount plan is available for services not covered by insurances.

Payment will be accepted in cash, checks, MasterCard, Visa, Discover and American Express. We will be happy to file verified insurance on your behalf.

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### **PATIENT SCHEDULING**

Every effort will be made to schedule the service at the patient's convenience. Patients will be advised of the clinic payment policy at the time appointments are made along with the best estimate of the cost of the office visit/ surgery cost.

### **PRE-ADMIT/ SURGERY ARRANGMENTS**

Barolat Neuroscience may request deposits against the total *estimate* of charges in the following situations:

- where the patients insurance deductible has not been met
- where the patient does not have insurance
- when the insurance does not cover the procedure
- plan percentage after deductible has been met
- at the practice discretion.

### **VERIFICATION OF INSURANCE**

Because of the wide range of insurance plans in effect, the practice will verify insurance coverage, deductibles and other limits, prior to acceptance for payment of services.

### **PRE-CERTIFICATION**

Barolat Neuroscience will make every effort to pre-certify all services and procedures requiring same, provided the clinic is supplied with the necessary information.

**Pre-certification does not mean Pre-determination (a *covered benefit* of individual policy). Pre-Determination is the patient's responsibility.**

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### **REJECTED CLAIMS**

Our Staff is trained to assist you with insurance questions. **COVERAGE ISSUES** can only be addressed by your employer or group health Administrator. Although our assistance is available, we *cannot act* as a mediator on your behalf.

### **PATIENT RESPONSIBILITY**

Balances remaining after insurance payments, are due within 30 days of the insurance payment, unless other satisfactory arrangements have been made with Barolat Neuroscience

Not all services are covered by all insurance companies. It should be understood that by accepting the service(s), *the patient is responsible for payment regardless of the fact that insurance covers the service or not.*

Barolat Neuroscience cannot become involved with any third party liability matters and must always look to the patient/guarantor for payment of the bill.

### **OUTSTANDING BILLS**

Barolat Neuroscience reserves the right to request deposits and payment for outstanding balances. Deposits will be based on the outstanding balance plus the patient's share of the bill for any new services to be performed.

### **BAD DEBTS/LEGAL ACTION**

If the account is not paid in full or satisfactory arrangements made within the allowable time frames, Barolat Neuroscience reserves the right to refer the account to an attorney and/or a collection agency for collection of the balance.

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The Administration and Management welcomes the opportunity to discuss any aspect of this policy. We appreciate your confidence and strive to provide quality healthcare.

**ASSIGNMENT AND RELEASE**

I, the undersigned, agree that I have read, understood and agree to Barolat Neuroscience Financial Policy and Statement.

I agree that if I have insurance coverage, I assign directly to Barolat Neuroscience, all medical benefits otherwise payable to me for services rendered to me or my dependent.

Barolat Neuroscience agrees to accept insurance payments according to the contract for those plans in which we participate.

I understand that I am financially responsible for all charges whether or not paid by the insurance carrier.

I hereby authorize Barolat Neuroscience to release all information necessary concerning treatment for myself or my dependent to secure payment of benefits. I authorize the use of this signature on all my insurance submissions.

\_\_\_\_\_  
PRINTED NAME OF PATIENT

\_\_\_\_\_  
SIGNATURE OF INSURED/ GUARDIAN

\_\_\_\_\_  
DATE