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Welcome to Our Practice

Thank you for choosing **NeuroSpine Centers** for your neurological needs. We all are committed to enhancing the quality of your care and overall experience with us. One way of achieving this is by establishing clear communication regarding our policies and clear expectations of compliance with them.

The following information is provided to help you understand how your insurance works and what your responsibilities are. Please refer to our "Financial Policy" for further information regarding our financial policies.

We encourage you to contact the front office with any concerns you may have.

Healthcare Information & Patient Responsibility

It is the responsibility of patients to immediately communicate healthcare information to our office. Healthcare information includes the following:

- Insurance information/coverage
- Authorization & Referrals
- Responsible financial person/party
- Address
- Telephone number
- Fax/Email
- Emergency contact
- Change of referring and, or primary care physician

What to Expect At Each Visit

Please note that regardless of the status of your insurance, each time you arrive for your scheduled office visit, you will be expected to check-in, present your insurance card or any other relevant documents to the front desk before being seen by your provider.

Please contact the front desk if you have any questions or concerns. We are happy to assist you in any way we can.

Terms and Definitions

Deductible: A deductible is the initial amount of money an insured has to pay (out-of-pocket) before any benefits from the health insurance policy can be used. Most deductibles renew on an annual basis and begin in January with services covered under the calendar year. However, there are others that renew mid-year, in July. Some insurance carriers allow for a "last quarter carry-over" whereby services during the last quarter of a year can be carried over and applied to the next year's deductible. If you are unsure which you have, contact your insurance agent.

Co-Payment: A co-payment is a *fixed amount* you are required to pay for each medical service you receive, regardless of the cost of the service. Unlike a deductible that's usually paid once a year, a co-pay is paid *each time* a healthcare service is used.

Co-Insurance: Unlike the fixed amount of a copay, coinsurance is a percentage of the provider's cost of service after the deductible has been met.

Co-insurance continues to be paid until you reach your "out-of-pocket" maximum. After that, the insurance company will pay for all covered services up to the policy's maximum, for the remainder of the year. Out-of-pocket maximums have a wide range of possibilities depending upon the insurance - from \$500 to \$1,000 or more.

Out-of-Network: A Provider who has not contracted with your insurance company for reimbursement at a negotiated rate, is referred to as an "out-of-network" provider.

Some health plans (example, HMOs) do not reimburse out-of-network providers at all, which means that as the patient, you would be responsible for the full amount charged by your doctor.

Other health plans offer coverage for out-of-network providers, but your patient responsibility would likely be higher than it would be if you were seeing an in-network provider.

Your Privacy

- We respect & protect the privacy of all our patients
- Federal law - Health Insurance Portability and Accountability Act (HIPAA) - protects the handling, storing, and release of your healthcare information.
- For more information regarding your privacy rights, please contact the Office Manager.

We look forward to providing you the best service possible.

Sincerely,

Alexander Gevorgyan, MD