

TERMS AND AGREEMENTS

1. You agree to fully cooperate with us in collecting the insurance payment(s) and provide us with a copy of the summary of benefits and coverage for your plan (“summary plan description”) if requested. You will be personally responsible for any amounts due to Neurological Surgery, P.C. (“NSPC”) that are not covered by your insurance, including amounts that become due as a result of incorrect insurance information. The estimated amount that you will be billed is available upon request.
2. Depending on your health insurance policy, you will be responsible for CO-PAYS and DEDUCTIBLES for office visits or for surgical procedures at NSPC.
3. If the doctor you plan to see is not in your network, and your insurance policy does not allow for out-of-network benefits, ARRANGEMENTS CAN OFTEN BE MADE FOR YOU TO SEE ONE OF OUR DOCTORS IN YOUR PLAN.
4. If the doctor scheduled to perform your surgery is not in your network but your insurance policy allows out-of-network benefits, we will consider the amount paid by your insurance policy and the requirements of applicable law in determining the amount of your out-of-pocket expenses. We will provide you with an estimate of such expenses upon request.
5. If you are scheduled for surgery, any of our personnel who are providing necessary services for your procedure in the operating room or participating in your care (for example, physician assistant, co-surgeon, and/or monitoring team) may be permitted to submit separate bills under the same conditions as above.
6. Once your insurance has received and processed your claim, they should send you a statement (“Explanation of Benefits”) within 30-45 days. If you have any questions regarding your insurance coverage, we may be able to assist you.
7. All disputes that may arise between you and NSPC (or any of its subsidiaries, affiliates, or any of their respective shareholders, officers, directors, employees, physicians or other healthcare providers) for any reason related to your care or services from NSPC or its subsidiaries or affiliates, including but not limited to financial disputes and/or claims related to the quality of care provided by an NSPC provider, shall be solely and finally settled by binding arbitration conducted by a single impartial arbitrator, mutually acceptable to both you and NSPC. Any such arbitration shall be conducted in New York, and in accordance with the then-current Commercial Arbitration Rules of the American Arbitration Association. The undersigned expressly acknowledges and agrees that by agreeing to binding arbitration as set forth herein, he/she is waiving his/her right to a trial by jury.
8. Questions regarding management of any balance can be discussed with the billing department at 516-442-3461.
9. It is not our intent to impose financial hardship. If any of these terms creates a hardship, the Billing Department has flexible terms and will cooperate with you to provide a fair and reasonable financial settlement of your obligations to NSPC.

By signing below you acknowledge that you agree to and accept these terms.

Name: _____

Signature: _____

Keep one copy and return signed copy to NSPC

Date: _____