Dr. Michael Lacey

Patient Financial Policies

Thank you for choosing Drs. Lacey and Freschi for your neurology care needs. This document is to provide information for new and existing patients regarding our financial policies.

Insurance
As a courtesy to you, we will bill your insurance company for office visits and in-office testing. If your policy requires a copayment you must pay this amount at the time of service. We accept cash, check, and most major credit cards.

Self-Pay
Self-pay patients are required to pay for services prior to being seen for their visit and will be balance billed for the remainder of the fees at the time of charge posting. For your convenience, we accept cash, check and most credit cards.

Non-Participating Insurance Plans
As a courtesy, we will bill your insurance company if it is out of network but any outstanding balances are the responsibility of the patient. It is YOUR responsibility to be aware of which plans we participate in.

Referrals
If your insurance plan requires you to have a referral or a prior authorization it is YOUR responsibility to obtain this information prior to seeing the doctor. If you do not obtain a referral the charge will be your responsibility.

Medicare
If you have MEDICARE please familiarize yourself with the items and services for which Medicare will not pay as they do not pay for all of your health care costs. When you receive an item or service that is NOT a Medicare benefit, you are responsible for payment, personally or through any other insurance that you may have.

Returned Check Policy
Returned checks made payable to this office for insufficient funds, stop payments or other reason for non-payment will be assessed a $30.00 NSF fee for which the patient will be held responsible.

Forms Completion Policy
Completing paperwork for schools, camps, the Family Medical Leave Act (FMLA) claims, long-term care, life insurance, the Department of Veterans' Affairs, disability claims or other purposes goes beyond routine medical care. Therefore, it cannot be billed to your insurance company. Since all forms require our signature, we are personally responsible for the accuracy of the information provided. Incomplete or

inaccurate information may have far reaching consequences for your case. Filling out forms thus requires careful consideration and considerable amount of our time.

Therefore, it is our office policy to charge for the completion of any form. The rate is usually between $50 to $100 and we ask that you pre-pay for this service. Please contact the office for specifics prior to sending any forms.

Patient Account Balance

If you have a patient account balance it must be paid in full prior to seeing the physician or service. You may call 404/252-2666 to check your account balance. If you have a balance but are unable to pay at time of appointment, please call the doctor's office for financial assistance.

Collections

You will be responsible for paying any claims or fees that are not covered by your insurance. If you are having difficulties paying your bill, please contact our office at 404/252-2666 to make payment arrangements. If you do not pay your bill in a timely manner your account may be turned over to a collection agency. In the event your account is turned over to collections you are responsible for all collection fees including attorney fees and court costs.

I acknowledge that I was provided a copy of the Policy and Procedures document and that I have read (or had the opportunity to read if I so chose) and understood these policies and procedures.

Patient Name (Please Print): _____Date: _____

Patient or Authorized Representative (if applicable) Signature: _____