CLINICAL NEUROPSYCHOLOGY ASSOCIATES

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Certified Cognitive Rehabilitation Therapist *
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PATIENT FINANCIAL RESPONSIBILITY FORM

Thank you for choosing Clinical Neuropsychology Associates (CNA) as your healthcare provider. We are committed to providing you with the highest quality services. You should be aware that, as a patient, you may have certain financial responsibilities for the services we render even if you have insurance coverage. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies. We are here to help you. If you need help understanding any part of this notice, please ask us.

HEALTH INSURANCE COVERAGE: It is *your* responsibility to be aware of your insurance coverage(s), policy provisions, exclusions and limitations as well as authorization and referral requirements. This information is furnished by your health insurance carrier(s). We will attempt to verify your insurance coverage prior to your visit. However, the financial responsibility for services is yours if your coverage is not in effect or your insurance requirements are not met *at the time of your visit*. If you have had any changes in your health insurance coverage - even a small change in the co-payment amount, a new plan year or a change in the expiration date of the policy - you must notify us promptly. You should contact your insurance company with questions.

CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES: Even if you have health insurance, your insurance company may not pay all the charges. Co-insurance and co-payments are portions of your healthcare bill that your insurance plan makes you financially responsible for. These are determined by your specific health insurance plan. Information on your outstanding insurance deductible is often provided only after a bill is submitted to your insurance carrier. These amounts can change and determining what these amounts are is your responsibility. *Even if you have Medicare or employer-sponsored health insurance, you may still receive a bill for outstanding amounts once your claims have been processed. You are responsible for paying this bill on receipt and for letting us know if you have questions about it.*

AUTO INSURANCE/WORKERS' COMPENSATION: Billing and medical information, as required for claims payment, will be forwarded to your auto or workers' compensation carrier as appropriate. You will also be required to provide us with up-to-date information on your health insurance coverage even if you believe an auto or workers' compensation carrier should be responsible for paying for services. You may still be responsible for the bill in the event your auto or workers' compensation carrier denies your claims or does not pay their full bill within a reasonable period of time after receipt.

NON-COVERED SERVICES: All patients are responsible for unpaid or "non-covered" services if denied by their insurance carrier(s). You will also be responsible for service fees if your check is returned for non-payment by the bank.

INSURER REQUESTS FOR ADDITIONAL INFORMATION: You are responsible for promptly responding to any request from your insurer(s) for additional information, including information on other insurance coverages you may have. Failing to respond may result in claim denials by your insurance, leaving you responsible for the bill. This may include requesting and forwarding a letter from your auto insurer indicating that your auto insurance medical benefits have been exhausted. If you are unclear on how to respond to an insurer request, you should contact your insurance company directly.

I have read and understand this financial responsibility form. I understand it is my responsibility to provide CNA the information described above, and I understand I am financially responsible for services not paid by my insurer(s).

Patient Name (print):_____

Patient Signature: _____ Date:_____