



PATIENT FINANCIAL RESPONSIBILITIES

Thank you for choosing the Miami Neurological Institute as your health care provider. It is important that you understand your financial responsibilities for the services you receive.

Your copayment, coinsurance, and deductible are due at the time of service. For your convenience we accept cash, checks, Visa, MasterCard and Discover.

If your treatment includes surgery, we will contact your insurance company to get a pre-authorization; our staff will estimate the “out-of pocket” costs for your procedure. **Payment of this estimated amount is due prior to your surgery.** Subsequent to receipt of claims processing information from the insurance company, we will send you a bill for any additional funds due. Additionally, a refund will be processed timely in case of an overpayment.

Be advised you are responsible for all the charges not paid by your insurance company in reference for the rendered services.

A \$25.00 charge will be applied to your account for each returned check we receive from the bank, it is your responsibility to pay this fee as soon as we notify to you. The payment must be done in cash or credit card.

As a patient you must authorize us to release any medical information required by your insurance carrier(s). A copy of this authorization may be used in lieu of the original.

If there is any change in your insurance, it is your responsibility to bring that to our attention immediately (even if you don't have your new insurance with you). Delays in communicating these insurance changes may result in the balance being uncollectible from the insurance company and the full responsibility for payment falling upon you.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

Patient or Responsible Party Signature

Date