

Joseph A. Shehadi, MD, FRCSC, FACS
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Financial Policy



Your clear understanding of our **financial policy** is important to our professional relationship. Payment of your bills is considered part of your overall treatment in our office. In the spirit of fairness, the following financial policies have been adopted for use here at **Neurology Associates, LLC**.

Please read the following information and put your initials by the Xs:

X_____ **Required at Office Visit Check-In**



Each time you check in for your appointment you will be required to:

- 1) **Verify** Personal Demographic and Contact Information
- 2) Present Current Copy of All Medical **Insurance Cards**
- 3) Pay any Outstanding Account Balance
- 4) Pay your **Insurance Co-Pay** for Current Visit (*obligated by contract*)

X_____ **Missed Appointments:** Missed appointments waste valuable time and are missed opportunities to help you or other patients. Patients who miss appointments or cancel with less than 24 hour notice are charged **\$25.00 per occurrence**.

X_____ Please note if you have **3 No-Shows or Cancellations with less than 24 hours notice accumulated you may be discharged from the practice.**

Fees for Administrative Services



Forms Completion Charge: Filling out forms takes time and effort. Therefore, we charge a **\$20.00** fee to fill out each **form**. These forms include: FMLA, Short-term Disability and Long-term Disability.

Photocopy Charge: A small charge according to industry standards may be charged for us to make photocopy records.

Penalties

Returned Check Fee:

A **\$30.00** fee will be charged on your account for each incident of a returned or “bounced” check.

Persistent Outstanding Balances: All outstanding balances must be paid in full within 30 days of receiving your bill. Outstanding balances must be resolved prior to your next visit to **Neurosurgery Associates, LLC**, unless other arrangements have been made with the Billing Manager. Outstanding balances are subject to a **\$10.00 late fee** for each 30-day cycle past due.

Collection Charges: On rare occasions, accounts that are not paid in a reasonable amount of time may be sent to an external collection agency and reported to the credit bureau. These accounts are also subject to **additional charges** imposed by the collection agency.

Billing Manager:

For any financial questions, please contact our billing manager Sherry Alford at:

sherry.alford@gmail.com

Work phone: 270.393-0134

Fax: 270.783-8541

I understand and agree to abide by the above policies and procedures as outlined in **Joseph A. Shehadi, M.D., Neurosurgery Associates, LLC, Financial Policy.**

Patient Signature: _____

Print Name: _____ Date: _____

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