

**Jasper Neurological Associates, P.C.**  
**3850 Camp Road**  
**Suite C**  
**Jasper, GA 30143**

**Financial Policy**

All payment is expected at the time of service, including applicable copayments required by participating insurance companies. Jasper Neurological Associates, P.C. ("JNA") accepts cash, personal checks (in-state only), VISA, and MasterCard. JNA does not accept post-dated checks. There is a service charge for returned checks.

Patients with an outstanding balance that is 60 days or more overdue must make arrangements for payment prior to scheduling appointments. JNA cannot fill out any forms or refill any medications if your account has an outstanding balance.

**INSURANCE:**

If your insurance plan requires a referral for your office visit, it is your responsibility to ensure that the referral is received by JNA prior to your scheduled appointment. Many physicians' offices are too busy to generate referrals on the same day without warning. Please note that insurance companies do not allow for back-dated referrals. If you are seen without a referral, your insurance company will transfer all charges to you even if the services are normally covered by your plan.

JNA will verify insurance benefits and bill participating insurance companies as a courtesy to you. We will try to ensure that your office visits and any testing will be covered by your carrier. However, because great variability exists between insurance plans, it is ultimately the patient's responsibility to understand their insurance coverage. If we have not received payment from your insurance company within 60 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges whether paid by you or by your insurance carrier.

"I understand that I am responsible for any health insurance deductibles and coinsurance at the time of services rendered."

**MISSED APPOINTMENTS/LATE CANCELLATIONS:**

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to your appointment. JNA reserves the right to charge for missed or late-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

If you need assistance or have questions, please contact the Billing Coordinator for JNA between 8:30 a.m. and 5:00 p.m., Monday through Friday at 706-253-1401.

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The person signing below certifies that he/she has read this document, is the patient or is duly authorized by the patient as the patient's representative, to execute and accept the terms of this agreement. I have read and understand the financial policy of JNA. I hereby agree to assign any and all insurance benefits received by me from my insurance company related to services rendered by JNA to me, to JNA. I also agree that if it becomes necessary for JNA to forward my delinquent account to a collection agency, I will be responsible for any and all reasonable attorney's fees and collection expenses, in addition to the amount owed to JNA.

This agreement is governed by the laws of the State of Georgia. If any portion of this agreement is deemed unenforceable, then this agreement will be deemed amended to the extent necessary to render the otherwise unenforceable provision, and the rest of the agreement, valid and enforceable. If a court declines to amend this agreement as provided herein, the invalidity or unenforceability of any provision of this agreement shall not affect the validity or enforceability of the remaining provisions, which shall be enforced as if the offending provision had not been included in this agreement.

Signature of insured or authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_