

POLICY ACKNOWLEDGEMENTS

Please review each of the policies and sign below to indicate your acceptance.

"NO SHOW" POLICY: Carolina Neurosurgery & Spine Associates (CNSA) understands that situations arise in which you must cancel your appointment. We request that if you must cancel your appointment that you provide at least 24 hours' notice. Patients who cancel with less than 24 hours' notice will be considered a "No Show" and may be subject to a \$50 rescheduling fee and possibly dismissed from the practice. The rescheduling fee is the sole responsibility of the patient and must be paid in full before an appointment will be rescheduled. Rescheduling fees may be waived in limited circumstances at the sole discretion of CNSA. Our practice firmly believes that good physician/patient relationships are based upon respect and clear communication. Questions about cancellations and no show fees should be directed to the Office Manager.

SUMMARY NOTICE OF PRIVACY PRACTICES: By law, CNSA is required to protect the privacy of your protected health information ("PHI"), to provide you with notice of the permitted uses and disclosures of your PHI, and to explain your rights regarding such use and disclosure. Our complete policy can be found in our Notice of Privacy Practices, which is available on our website (www.carolinaneurosurgery.com) or by contacting our office.

FINANCIAL POLICY: Proof of insurance or full payment for the services rendered is due at the time of the appointment. Failure to pay any bill or copayment may result in your account being turned over to a collection agency. Prior authorization of services may be required by your insurance carrier in order to obtain full benefits coverage. Please contact your insurance carrier about their requirements. Some insurance carriers may require authorizations prior to your appointment. Failure to obtain such an authorization may result in the cancellation or rescheduling of your appointment.

Commercial Insurance: Co-pays and co-insurance are due at the time of your appointment. CNSA accepts cash, check, or credit card (Visa, MasterCard, Discover, or American Express).

If CNSA participates in your insurance's health plan, all claims will be submitted for you.

If CNSA does not participate in your insurance's health plan, payment in full is required at your appointment. You can request an itemized statement from our billing department to file with your insurance carrier. Any reimbursement from your insurance plan will be provided directly to you from your insurance carrier.

Self-pay (i.e. patients who are responsible for their bill, patients without proof of insurance, patients who are receiving non-covered services): Payment is due at the time the service is provided. Ask to speak to a financial counselor regarding our prompt-pay discount.

Medicare: CNSA will bill Medicare and any other supplemental insurance first. After your claims have been processed, CNSA will send you a statement with any remaining balance that you must pay.

Adults accompanying minor patients are required to provide proof of insurance or payment for services, including co-payments, at the time the services are provided, whether or not the adult is the parent or legal guardian.

PAIN MEDICATION & PRESCRIPTION POLICY: CNSA provides pain medication primarily for surgical patients before, during, and the period after their surgery. Our Greensboro location does offer pain management services. However, patients at our other locations who require long-term pain management may be referred back to their primary care provider. All patients who have a prescription for pain medication (whether a surgical patient or otherwise) should abide by the dosage instructions to avoid dependency or abuse. Patients may be required to enter into a treatment agreement that explains their responsibilities and safe practices regarding prescription medicines. CNSA, at its discretion, may also require a drug screen prior to any such prescriptions. Any improper use of medication or violation of the treatment agreement may lead to termination of the patient-physician relationship. Refills are to be requested during regular business hours and will take a minimum of 48 hours to complete.

Email & Texting Policy: If you provide your email and/or mobile number, you are agreeing that CNSA may contact you by email or text. Please note that these are NOT secure methods of communication. Secure messaging is available through our patient portal at: www.cnsa.com

I hereby acknowledge that I have had an opportunity to review the aforementioned policies. I hereby agree to comply with those policies and authorize CNSA to act in accordance with those policies.

Signature of Patient or Responsible Party _____ Date _____

Name of Patient (please print) _____ Account _____