

NEUROLOGY ASSOCIATES OF SANTA BARBARA
DAVID G. FRECKER MD
ROBERT D. HARBAUGH MD
PHILIP R. DELIO MD

TEL: 805.682.8153
FAX: 805.682.5585

PATIENT: _____

**WE ARE NOT CONTRACTED WITH MOST INSURANCE COMPANIES.
WE ARE NOT CONTRACTED WITH ANTHEM BLUE CROSS OR BLUE SHIELD**

The following is a list of those we are contracted with:

MEDICARE (contracted but not accepting assignment – see below)
TRICARE
S.B. COTTAGE HOSPITAL EMPLOYEE HEALTH
S.B. SELECT IPA
CENCAL HEALTH

MEDICARE FILING

We are contracted with Medicare but are no longer accepting assignment. This means we will file a claim to Medicare on your behalf but they will pay you. As such, we will expect payment on the date of service. This does not apply to tests, injections or to patients who have MediCal.

INSURANCE CLAIM FILING

We will bill your primary insurance company for you. For those companies that we are not contracted with and also for Medicare, we will expect payment in full on the date of service – for most visits, excluding tests and injections. Your insurance company will then reimburse you directly.

MEDICARE AS SECONDARY PAYOR

When Medicare is the secondary payor it is your responsibility to see that this office receives a copy of the primary insurance company's Explanation of Benefits (EOB). We are required to send this along with the Medicare claim.

FINANCIAL POLICY

A finance charge of 18% per annum may be calculated on amounts that are due from the patient after 60 days. Special needs are understood by this office. It may be necessary to set up a payment plan for a patient. If this situation is necessary for you, please bring the matter up as soon as possible. Any credit granted shall be paid promptly in accordance with terms and agreements. Should you default on payment of your account, the account will be sent to a collection agency and you will be charged \$25 to cover collection fees.

ASSIGNMENT OF BENEFITS

I, the undersigned, have insurance coverage with _____ **(Name of Ins Co.)** and assign directly to Neurology Associates of Santa Barbara all medical benefits if any, otherwise payable to me for services rendered by those insurance companies that they are contracted with. If my insurance coverage is not through one of the contracted companies listed above I understand that the insurance company will remit payment, if any, directly to me. I understand that I am financially responsible for all charges for medical services provided by Neurology Associates of Santa Barbara whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits to my insurance company.

SIGNED _____ **DATE** _____