

NeuroScience Associates

Timothy J. Johans, M.D.

Paul J. Montalbano, M.D.

Michael V. Hajjar, M.D.

Thomas C. Manning, M.D., Ph.D.

Richard A. Lochhead, M.D.

Blue Shield Insurance Information

Just a reminder, Dr. Timothy Johans, Dr. Paul Montalbano, Dr. Michael Hajjar, Dr. Thomas Manning, and Dr. Richard Lochhead are currently out-of-network with Blue Shield Insurance. For existing Blue Shield patients, we require a \$100.00 payment at the time of your appointment. For new Blue Shield patients, we require a \$200.00 payment at the time of your initial appointment; any follow-up appointments, we would require a \$100.00 payment. We agree to submit your medical claim for payment to your Blue Shield insurance carrier who is primarily responsible for payment. Blue Shield may pay you directly for the office visit less any co-pays, deductibles and/or co-insurance.

If surgery is required, we agree to submit your medical claim(s) to your Blue Shield insurance carrier. When applicable, a deposit may be required prior to surgery. Blue Shield may pay you directly for all surgery charges and any related claims. These checks are the doctor's property. You will be required to sign the check(s) issued to you directly over to the physician who provided the services to you. You will still be responsible for any co-pays, deductibles, co-insurance, and any balance due.

If you have a balance due after you have signed the Blue Shield check(s) over to us, the following options are offered:

- Online payments at: www.idneuro.com
- Payments by cash, check or credit card;
- Short term internal payment plans not to exceed three (3) months; or
- Long term payment plans through DL Evans Bank for plans beyond three (3) months. These payment plans are administered by DL Evans Bank on behalf of your physician.
- We reserve the right to charge interest on balances over 120 days old from date of service. The fee is assessed annually at 12% or a monthly interest rate of 1%.

Patients with financial constraints should speak to a financial counselor for assistance. We will not deny critical care to anyone due to inability to pay.

If you have the ability to pay your bill but refuse to pay under the terms defined above, your account may be turned over to a collection agency.

I have read the information about how the payment process works for patients with Blue Shield insurance. I understand and agree that I am financially responsible for the payment of all medical charges incurred on my behalf as outlined above.

Signature: _____

Date: _____