

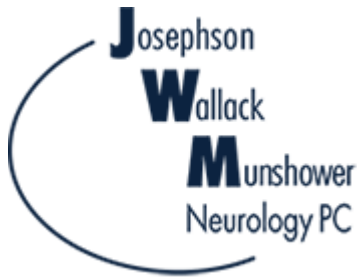
FINANCIAL POLICIES, TERMS, CONDITIONS AND RELEASES

Financial Policies and My Financial Responsibility:

- I acknowledge and accept full financial responsibility for services provided by Josephson Wallack Munshower Neurology PC (JWM).
- JWM will accept assignment of benefits from me for my insurance and will bill my insurance as a courtesy but it is my responsibility to ensure my insurance company pays for the services provided promptly.
- I authorize JWM to file an appeal on my behalf with my insurance company should the situation arise that an appeal is required in order to obtain payment.
- I understand that I am responsible for prompt payment of any portion of the charges not covered by my insurance, including deductibles and coinsurance.
- I understand that payment of copayment or coinsurance is expected at time of service, as well as any prior balance that I owe. I agree to pay any balance due after insurance pays within 30 days.
- Patients without insurance coverage are considered self-pay accounts. Liability cases are also considered self-pay accounts. JWM does not accept attorney letters or contingency payments. Payments for all self-pay accounts are due in full at the time of service.
- Self-pay patients will receive a 30% discount from charges when payment in full is made at time of service.
- Our offices accept CASH, Checks, Money Orders, VISA, MasterCard, American Express and Discover. One or all of these cards may be used to pay your bill, and may be kept on file by us to facilitate billing. Always ask for a receipt when making payment. If you have a credit balance after paying for a service JWM may apply it to any outstanding balances on your account.
- There will be a \$25 service charge on all returned checks.
- I shall be responsible for any attorney fees, court costs, and collection agency fees as well as any pre-judgment and/or post-judgment interest at the current legal rate.
- I acknowledge that this form does not expire unless I revoke it in writing.

Proof of Identity: I agree to bring my government-issued photo identification and my insurance card(s) on every visit.

Insurance Pre-certification I Prior Authorization or Referral Approval: Some insurance companies require pre-certification, prior authorization or a referral from your primary care physician before certain services are provided. It is your responsibility to ensure that pre-certification, prior authorization, or a referral is obtained. It is your responsibility to ensure the services are obtained within the dates that the



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pre-certification, prior authorization and/or referral are approved. Failure to do any of the above will make you financially responsible for all denied payments.

Assignment of Benefits: I hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare, private insurance, and any other plans to Josephson, Wallack, Munshower Neurology PC. This assignment will remain in effect until revoked by me in writing. I hereby agree to pay Josephson Wallack Munshower Neurology PC the charges for all medical services rendered.

TCPA Consent: The Telephone Consumer Protection Act (TCPA) regulations define "prior express written consent". I acknowledge under the TCPA that by providing my land line and/or cell phone number, that I am giving my prior express written consent that Josephson Wallack Munshower Neurology PC and its affiliates and business partners, have the authorization to call via auto-dialer, pre-recorded voice messages, SMS messages and live calls for any communication that would be associated with my account in this practice.

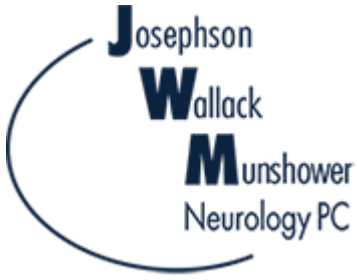
Email Consent: I acknowledge that by providing my email address, that I am giving my express written consent that Josephson Wallack Munshower Neurology PC (JWM) and its affiliates, have authorization to contact me by the email address I have provided for any non-urgent communications that would be associated with my account at JWM. JWM uses encrypted email when Protected Health Information is included in communications related to patients.

Patient Portal:

- A patient portal owned and operated by our electronic health record vendor may be accessed by you to facilitate secure and confidential communications between you and JWM Neurology.
- This will enable us to quickly send you test results, respond to prescription refill requests, respond to your questions and inquiries, and facilitate setting up future appointments. It will also allow you to access and print portions of your health record.
- DO NOT USE the portal in an emergency situation.
- You will be required to acknowledge and agree to the portal's Terms of Use each time you sign on to use it.

Late Arrival: Patients should arrive 30 minutes prior to their scheduled appointment time for each visit. Failure to arrive 30 minutes prior to your appointment may require rescheduling.

Missed Appointments: Appointment must be cancelled 24 hours in advance or there will be a \$50 charge.



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Release of Information: I hereby authorize Josephson Wallack Munshower Neurology PC (JWM) to furnish such professional information as may be necessary to complete my insurance claim from the medical records compiled during my treatment and JWM is hereby released from all legal liability that may arise from the release of the information requested.

I hereby accept and acknowledge all of the Policies, Terms, Conditions and Consents above by signing below:

Signature: _____ Date: _____

Witness: _____ Date: _____