

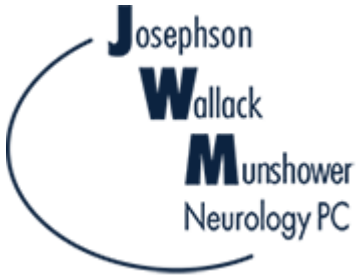
FINANCIAL POLICIES, TERMS, CONDITIONS AND RELEASES

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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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: _____