



## **Savya Neuroscience Institute Office Policies:**

**BILLING POLICY**—Savya Neuroscience Institute (SNI) is an affiliate brand of KaliaHealth & Buffalo spine and sports medicine. We participate with many insurance carriers and accepts assignment from many others. Please remember ultimately you are responsible for providing sufficient billing information and **determining whether our services are covered by your insurance contract.**

**REFERRALS AND CO-PAYMENTS**--If your insurance requires a referral it is your responsibility to obtain a valid referral at the time of treatment. You are always responsible for applicable co-payments and deductibles as determined by your insurance company. Co-payments/ deductibles/ and co-insurance are always expected at the time of service unless our billing department has made prior arrangements. An \$8.00 billing service charge will be added to your account if payment is **not received when services are rendered. Patients who have been delinquent in co-payments will be sent one final notice** and then will automatically be sent to our collection agency.

**TEXT MESSAGE COMMUNICATION**-- I authorize Savya Neuroscience Institute to send text messages to me on my provided cell phone number regarding: appointment reminders, obtain feedback on my experience with the healthcare team, and to provide general health reminders/information. I understand that I may reply with various commands to receive account information such as balances, future appointments, office location and other alerts. By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account guarantor and/or dependents. Text message charges from my cell phone provider may apply. I understand that this request to receive text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing.

**PATIENT CONDUCT:** As a patient, you are required to uphold a level of respect/ behavior while interacting with all staff/ patients of SNI.. We has a zero tolerance policy for inappropriate behavior while in our office. Behavior that is inappropriate includes, but is not limited to, words or actions that create or have the potential to create an unsafe or hostile environment for patients, staff or other visitors of SNI. It includes behavior that interferes with or undermines the level of respect that is critical to a safe environment. Also, to include egregious behaviors that are deemed highly offensive and/or aggressive acts (including but not limited to: swearing, yelling, aggressive behavior etc.) Any patient demonstrating any of the above behaviors will be discharged from SNI and the patient's primary physician and referring physician will be notified.

**NO-SHOW POLICY/SAME-DAY CANCELLATION**--To cancel an appointment, patients must notify the office 24 hours PRIOR to their appointment. Patients who fail to notify our practice of their inability to keep an appointment 24 hours prior to the appointment date will be billed \$25.00 for an in office appointment and \$50.00 fee for but not limited to an Ultrasound or Epidural Injection visit. Patients who fail to keep the rescheduled appointment (second) will be billed for that appointment and discharged from the practice for non-compliance with the physician's plan of care.

**LATE SHOW POLICY-** Our providers know your time is important and we hope you understand the value of our time. We want to be able to provide every patient with all the attention they require. Therefore if you are 10 minutes or more late for your appointment time it may be necessary to reschedule for a later time or day. It is at the discretion of the provider to see the patient or to ask the patient to reschedule. If it is determined that the provider will see the patient; the patient arriving late may have to wait until an appropriate opening is available.

**OTHER INSURANCE**--If we do not participate with your insurance you are responsible for payment in full at the time of your visit. Our office will bill your insurance carrier on your behalf. If the claim fails to pay our office in 60 days or there is no response from the insurance company; the balance will be transferred to patient responsibility. You will receive a statement from our Billing Department reflecting this.

**WORKERS' COMPENSATION AND MOTOR VEHICLE ACCIDENTS**--If Workers' Compensation or No Fault is your primary insurance you are responsible for providing us with accurate information regarding the date of injury/ WCB and Carrier Case numbers/ as well as your insurance company's name and address. If your case is denied all outstanding balances and future services will be your responsibility unless you have a secondary insurance. In order for our office to bill your private health insurance; all information must be provided at your initial to insure timely filing of your claim.

**FORM COMPLETION**-There is an administrative fee of \$20.00 per form. Fees must be paid in full prior to completion. Fees are nonrefundable for parking permits regardless if you qualify. These fees are not covered by insurance. The form fee does not apply to forms received on letterhead from the Workers' Compensation carrier/ No-Fault carrier/ or Employers regarding your Workers' Compensation Claim except all FMLA forms incur a charge of \$20 regardless of requester. **IMPORTANT:** All forms require 7-10 business days to process. \*Rush charges: For forms needing rush completion within 24 hours a rush charge of an additional \$20.00 per form will be charged.

**RECORDS REQUESTS/ OUTSIDE IMAGING**-There is an administrative fee of .75 per page for medical records requests. This fee is not covered by insurance. Fees must be paid in full prior to completion. All requests for medical records are required to be in writing. **IMPORTANT:** Records requests require 10 business days to process. Imaging brought to appointment by the patient and left at SNI will be held for 30 days after the appointment date. After 30days the CD imaging will be destroyed. SNI is not responsible for the cost to replace

imaging CD nor is SNI responsible to mail the patient the imaging CD. Patient is responsible to obtain CD imaging prior to leaving appointment at SNI.

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Patient Signature