

Financial Policy

We are committed to providing all of our patients with the best available treatment and care. Please read through our financial policy which answers some frequently asked questions, and contact our office should you have any further questions.

Office Visits:

- At the time your initial appointment was scheduled, you were informed of your doctor's network status with your health insurance plan.
- A list of our insurance network affiliations is available online at www.longislandbrainandspine.com or upon request.
- A list of the hospitals we are affiliated with is available online at www.longislandbrainandspine.com or upon request.
- If your doctor participates with your plan, a co-payment may be due at the time of your appointment.
- If your doctor does not participate in your plan but your plan provides out of network benefits, we will file a claim on your behalf and work with your insurance carrier to obtain payment. As required by law, and in accordance with the terms of your policy, you may be responsible for any deductible or co-insurance amounts which may apply.
- An estimated amount for services to be performed, absent unforeseen circumstances, is available upon request.

Surgery or Pain Management Procedures

In addition to all the policies listed above:

- If your doctor recommends surgery or a pain management procedure, and your doctor is in-network, you may be responsible for any in-network fees or deductibles which may apply. Please consult with your insurance carrier.
- If you are scheduled for surgery or for a pain management procedure, other providers from our office providing necessary services will submit a separate bill to your insurance carrier under the same conditions as above.
- If you are scheduled for hospital admission or outpatient hospital service, the name of the hospital and the name, practice name, address, and phone number of any other physician whose services will be arranged by us and are scheduled at the time of the preadmission testing, registration, or admission will be provided to you at the time that non-emergency services are scheduled along with information as to how to determine the plans in which the physician participates.

The proper care and treatment of our patients is our top priority, and we will work with our patients to provide a fair and reasonable settlement of any financial obligation. We understand that personal financial circumstances vary from patient and to patient. If you are suffering from a financial hardship please discuss this with our billing department. **Our billing department is available to speak with patients who have questions at (631) 482-9977.**

I have read and understand the above financial policy. I understand that I may contact the billing department at (631) 482-9977 with further questions.

Print Name

Signature

Date of Birth

Today's Date