



## Kuether Brain and Spine

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kuetherbrainandspine.com

### FINANCE POLICY

**Medicare:** Kuether Brain and Spine is a participating clinic and accepts assignment on all Medicare claims. You will be responsible for 20% co-insurance that is not covered by Medicare. We will bill any secondary insurance you have that covers your 20%.

**Commercial Insurance:** Kuether Brain and Spine will bill your private insurance company for you, provided you supply Kuether Brain and Spine with current and correct insurance information. You will be expected to answer inquiries from your insurance company in a timely manner. Please be aware that your insurance policy is a contract between you, your employer, and the insurance company, and that ultimately you are responsible for payment of your account.

**Workers Comp:** Kuether Brain and Spine will bill workers comp insurance if there is an acceptance notice on file for a current and active claim. If you do not have private insurance, and if no open claim has been established with your workers comp carrier, you will be responsible for a \$500 deposit on your consultation; and if surgery is required, you will be responsible for a down payment of ½ the cost of surgery before a surgery date is scheduled. The remaining balance will require your signature on a payment arrangement agreement.

**Motor Vehicle Insurance:** Kuether Brain and Spine will bill your MVA insurance carrier. If you have private insurance, we will bill that carrier for charges that exceed your PIP. If you do not have private insurance, you will be responsible for a \$310 deposit on your consultation. If your PIP is exhausted, and you do not have private insurance, you will be considered a self pay/uninsured patient.

**Self Pay/Uninsured:** Kuether Brain and Spine agrees to work with our patients on a reasonable payment plan for services. You will be responsible for a deposit of \$310 on your consultation, and if surgery is required you will be responsible for a down payment of ½ the cost of surgery before a surgery date can be obtained. The remaining balance will require your signature on a payment arrangement agreement.

**Co-Payments:** Any co-payments are due at the time of your appointment. Effective 6/1/2012 any unpaid co-payment will be billed an additional \$25.00 per occurrence, unless paid within 30 days service was rendered.

\*\*Please review surgery finance policy for co-pays that will be due before surgery.

**Disability Forms:** Please allow 7 to 10 working days for completion. There will be an administrative fee of \$25.00 that must be pre-paid.

**NSF:** There is a \$25.00 fee for any returned checks.

**No Show/Not Cancelled Appointments:** Kuether Brain and Spine may charge a fee of \$250.00 for any appointment that was not cancelled within at least 24 hours of appointment.

**Medical Records:** Please allow 30 days for medical record requests to be filled.

**Refunds:** Overpayments on your account created by payments from you will be refunded within 30 days of our discovery of a credit balance.

**I have read and understand the finance policy for Kuether Brain and Spine.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date