

# NEUROSURGERY ASSOCIATES OF KANSAS CHARTERED

NEUROSURGERY ASSOCIATES OF KANSAS, Chartered

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## Office Financial Policy

**Thank you for choosing Neurosurgery Associates of Kansas as your neurological surgery provider. We are committed to providing treatment that will restore you to good health and a good quality of life. Please understand that management of your bill is important to ensure the best communication. The following is a statement of our Financial Policy.**

- ▲ Your insurance policy is a contract between you and your insurance company. It is the patient's responsibility to understand their insurance policy.**
- ▲ If you have an HMO, you are responsible for calling your insurance company prior to your visit to verify whether or not a referral is needed.**
- ▲ It is the responsibility of the patient to see that all co-payments for services rendered are made at the time of the service. The co-payment is a contractual amount established by the insurance company and is, by contract, required to be paid at the time of the service. We try to closely monitor this due to the expenses involved in billing, so please remember to bring your copay to every visit. We accept cash, personal checks, money orders, MasterCard, Visa and American Express.**
- ▲ If you will be receiving surgical services, we will contact your insurance company to establish any outstanding deductible. We require this deductible be paid prior to surgery.**
- ▲ Self-insured patients are expected to pay at the time of service. If surgery is imminent, we can estimate your charges based on the type of surgery planned. Payment is expected prior to surgery.**
- ▲ All patients/guardians are responsible for co-payments or for full payment if the treatment is deemed 'non-covered' by the insurance company.**
- ▲ Unpaid accounts will be considered for further action with an outside firm.**

**I have read the above policy and understand my financial obligation for the care and treatment I receive.**

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Signature

Date