FINANCIAL TERMS

YOUR HEALTH INSURANCE IMPACTS YOUR FINANCIAL OBLIGATIONS FOR PAYMENT FOR MEDICAL SERVICES PROVIDED BY DR. COHEN WHICH ARE BILLED THROUGH NEUROLOGICAL SURGERY, P.C.. DEPENDING ON YOUR INSURANCE, YOUR FINANCIAL OBLIGATIONS MAY VARY CONSIDERABLY:

Dr. Cohen participates in the Medicare, Worker's Compensation and No-Fault insurance plans. If you are covered by one of these plans, you will be responsible for Co-pays and Deductibles for office visits and/or surgical procedures as determined by your plan.

Unless you are covered by Medicare, Worker's Compensation or No-Fault, you are responsible for payment of $60.00 for an initial consultation and $60.00 - $150.00 (per visit) for follow-up visits. Payment is due at the time of the visit.

If you have insurance (other than Medicare, Worker's Compensation and No-Fault) **and** your plan provides for out-of-network benefits, whether Dr. Cohen will accept what the insurance plan pays for surgical procedures depends upon the amount of the payment(s) (after deductibles and co-insurance). This will be discussed with you.

If you have insurance (other than Medicare, Worker's Compensation and No-Fault) **and** your plan does **not** provide for out-of-network benefits, you will be fully responsible for payment to Dr. Cohen.

If you have secondary insurance, you may have additional coverage that would affect the amount of your financial obligations. In addition, you will be billed for any balance over and above the insurance payments as required by law.

If you are having a surgical procedure, there may be additional personnel, other than Dr. Cohen, (for example, anesthesiologist, co-surgeon, physician assistant and/or monitoring team), providing necessary services for your procedure in the operating room or participating in your care. These providers will submit separate billing. The same considerations as described above (with respect to in network or out-of-network coverage and your financial responsibility) will apply to these providers. Also, these other providers may not be in the same insurance plans, or receive the same benefits as may apply to Dr. Cohen.

The Billing Department (**516-292-2027)** is committed to assisting you and providing you with an understanding of the financial terms of the services to be provided by Dr. Cohen. The estimated amount that you will be billed will be discussed and provided to you. If applicable, our office can assist you in submitting the insurance claim form on your behalf. In addition, if circumstances warrant, the Billing Department will cooperate with you in a reasonable financial settlement of your obligations. After your insurance company, has received and processed your claim, you should receive an "Explanation of Benefits" from your insurance company.
You agree to fully cooperate with our office to collect any insurance payments. You will need to provide us with a copy of the summary of benefits and coverage for your plan and Explanation of Benefits when received.

I acknowledge receipt of this explanation of financial terms. I have had the opportunity to review it and discuss it with Dr. Cohen's personnel and have had all my questions answered to my satisfaction.

_____/____/_____ _____
Patient Date Signature

_____ _____
Responsible Party (if other than patient) Signature