



IDEAL NEUROLOGY CLINIC

Office, Financial, and Cancellation Policies

Ideal Neurology Clinic is a private practice dedicated to providing personalized, compassionate care for patients and their loved ones. Discussing and understanding financial and patient responsibilities is an important step in our partnership, and one that helps to ensure an aligned and sustainable medical relationship.

****Please read this thoroughly and ask Dr. Chalfin any questions that you may have.****

You can find frequently asked questions online here:

<https://www.idealneurology.com/booking-faqs>

Patient Visits:

- I understand that Ideal Neurology Clinic participates in **select** insurance plans as listed on the website. Dr. Chalfin is an out-of-network provider for all other insurance plans.
- I understand that my insurance coverage is a contract between me and my insurance carrier, and that I am responsible for determining my insurance's coverage for services, as well as the amounts of any copays, coinsurance, and deductibles.

For participating insurance plan holders:

- I am responsible for understanding my insurance policy's benefits and if referrals or prior authorizations are required, and for obtaining those referrals.
- I understand claims for covered services will be submitted to my insurance plan. Copays, coinsurance, and deductibles are my responsibility and will be accepted at the time of service.
- I understand my insurance company will send an Explanation of Benefits (EOB) to both me and your office showing what my total patient responsibility is. If I disagree with the patient responsibility amount owed, it is my responsibility to contact my insurance carrier immediately.
- I understand that some services may not be reimbursed by my insurance plan, and I agree to pay any balances not covered by my insurance plan.
- I acknowledge that my insurance card must be available at the time of services, or I will be charged the direct-pay rate.

For all other health insurance policy holders:

- I agree to pay for each visit in accordance with the published fee schedule.
- I understand payment is due at the time of service.

Payment and Credit Card on File Policy:

- At Ideal Neurology Clinic, we require keeping your credit or debit card on file both to reserve your dedicated appointment slot, as well as a convenient method of payment for the portion of services that your insurance doesn't cover for which you are liable. This includes, but is not limited to, co-payments, coinsurance, payments toward your deductible, and non-covered charges such as late cancellation/no-show fees, telephone

encounters, and refill/form fees.

- Your credit card information is kept confidential and secure. Ideal Neurology Clinic uses a secure, third-party appointment booking program. This company stores your credit card payment information, and only the last four digits of your credit card number can be seen.
- With the exception of payments due at the time of service per our Financial Policies, payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account.
- I understand that copays and other out-of-pocket expenses will be charged at the completion of my appointment to the credit card I have put on file.
- I understand that out-of-pocket expenses incurred between visits will be charged to the credit card on file immediately. These expenses include, but are not limited to: no-show/late cancellation fees, telephone encounters, refills, and forms fees.
- If my participating insurance policy is subject to deductibles and/or co-insurances that cannot be collected at the time of service, I understand that Ideal Neurology Clinic will charge my credit card on file any outstanding balances as outlined on my Explanation of Benefits (EOB).
- I understand that credits on my account will be returned to the credit card on file.
- I agree to update my credit card on file when needed. I will receive a statement in the event my credit card cannot be charged. There will be a **\$25 statement fee** added.

Cancellation Policy:

- I understand I **will be charged \$50** if I cancel less than 48 hours prior to my appointment time, or after 11am on Fridays for Monday appointments.
- I understand multiple late cancellations or no-shows may result in dismissal from the practice.

Late Arrival Policy:

- Dr. Chalfin wants all patients to have the opportunity to be seen for his/her entire scheduled visit time. Thus, she operates under a “therapist” model, meaning each appointment has a dedicated length of time.
- I understand that arriving late for my appointment may result in my visit being truncated to allow for others to be seen on time.
- I also understand that a shortened visit may result in an incomplete assessment, and I may need to return for further assessment.
- I also understand that if I arrive late for the visit, I have missed my appointment, I may not be seen, and will still be required to pay the late cancellation fee.

Telemedicine Consultations

- I understand that my doctor will sometimes engage me in a telemedicine (video) consultation, for example during a public health emergency where it is safer to remain at home.
- I understand the telemedicine consultation will not be the same as a direct office visit since I will not be in the same room as my doctor.
- I understand that my doctor assumes I am alone during our consultation, and she will not know if there are any other people in the same room as me, or within hearing distance, unless I say so, thus confidentiality may be breached if she discusses topics of a private nature.
- I understand there are other potential risks to this technology, including interruptions,

unauthorized access, and technical difficulties. My doctor or I can discontinue the visit at any time if we so desire.

- I understand as an alternative to a telemedicine consultation, I can cancel and reschedule my visit for a later time, or seek care from another doctor's office. I understand if my doctor feels a direct physical examination or other testing are necessary, she will ask me to come in for another visit in order to complete any remaining tests.
- I understand I and/or my insurance company will be billed for the visit in the same manner as regular office visits. My insurance company may or may not cover the visit in the same manner, though.

Telephone and Email Policy:

- I understand that I will often be asked to schedule an appointment if issues or questions arise between scheduled appointment times.
- I understand that the best way to discuss my care is in a scheduled office visit to allow for examination as necessary. I agree to pay an out-of-pocket encounter fee of \$50 per 15-minute increment or fraction thereof if I require non-emergent telephone communication between office visits regarding my care.
- I understand that there are inherent privacy concerns in communicating by email, and I will use the patient portal for any general, non-urgent questions. For more involved matters, I will schedule either an office visit or a telephone encounter.

Results, Refill, Forms, and Paperwork Policy:

- I agree to come to my follow-up appointments or schedule a telephone encounter so I can discuss the results of any of my results and what they mean to my care.
- I agree to request all refills at the time of my visit. I understand that if I cancel or reschedule an appointment, I may run out of my required medication. I agree to pay \$50 for any refill request between appointment times.
- I understand that requesting paperwork and form completion is best done during my appointment. I agree to pay the out-of-pocket fee of \$50 for any letters, forms, or other paperwork that require completion by Dr. Chalfin outside of scheduled appointment times. I understand that I can avoid this charge by scheduling an appointment and bringing the forms with me to the office visit.

Hospital/Emergency Policy:

- I understand that Dr. Chalfin does not go to the hospital. She may recommend I go to the Emergency Room if I am having symptoms of an emergent condition or need to be seen urgently, but my care will be under the hospital physicians.
- Though Dr. Chalfin will make every best effort to communicate with my treating doctors, it is ultimately my responsibility to own my records and carry the names and contact information of my doctors to the ER. If I have questions or need clarification while I am hospitalized, I understand Dr. Chalfin may not have access to all of the records or information and is not involved in decision-making, so I must ask the doctor, nurse, or charge nurse taking care of me in the hospital any questions I may have.

Controlled Medications/Marijuana Policy:

- Dr. Chalfin does not prescribe opiates or medical marijuana for the treatment of chronic pain, or benzodiazepines for the treatment of chronic anxiety or insomnia. She does not take over the prescribing of these medications from another physician.
- I understand that Dr. Chalfin is required by law to review my prescription refill habits

through the Prescription Monitoring Program, even if she is not prescribing me a controlled substance.

- I also understand that Dr. Chalfin always communicates with prescribing physicians about my treatment plan if it is related, even if she is not also prescribing me controlled substances.
- If such medications are required for treatment of my condition, I agree to bring in my medication bottles to each visit for pill counts. Random urine drug screens will also be performed between office visits to ensure compliance. Any unwillingness to participate in pill counts or drug screens will result in discontinuation of the prescription. Any diversion or abuse of prescribed medications will result in dismissal from the practice.

Attorneys:

- In the event Dr. Chalfin is required to work with an attorney, or is required to appear in court, the current hourly rate, billed by the quarter hour or fraction thereof, will be charged, based on the most recent Attorney Fee Schedule.

Privacy Practices:

This clinic abides by federal privacy regulations and keeps my protected health information (PHI) confidential. We will safeguard your information and generally only share your information with your verbal or written permission. Exceptions to this include for the purposes of treatment, payment, or healthcare operations, as well as if you are a danger to yourself or others; and if we are obligated to comply with an investigation. You can request a digital copy of your records at no charge.

Violence and Threats

Any threats or aggressive or violent behavior directed toward staff, other patients, or neighboring businesses will result in dismissal from the practice.

Updates

We will update these policies from time to time. You may review the latest policies on request.