

Office Policies

Towson Neurology Associates, PA

Office Hours: We are open Monday through Thursday 9am to 3:30pm, Friday 10am to 3pm. We are closed for lunch from 1:30pm to 2:30pm.

After-Hours Calls: In the event of an emergency after-hours, please call 911 or go to the nearest emergency room. For routine matters and refill requests, please contact our office the following day.

Late/Missed Appointments: If you are more than 15 minutes late for your scheduled appointment you may be asked to reschedule. We request that you contact us at least 24 hours in advance to cancel appointments. Failure to cancel an appointment or failure to show for an appointment will result in you being charged a \$25.00 fee. This fee is not covered by your insurance.

Prescription Refills: It is most efficient for you to contact your pharmacy to request refills on your regular medications. Or you may use the secure Medical Web Office on our website to request a refill. Please monitor your medication supplies so that you don't run out on weekends or after hours. Prescriptions refills are only done during office hours.

Medical Forms and Letters: Unfortunately, insurance companies do not compensate us for the extra time spent completing patient's administrative forms for life insurance, disability, MVA etc. Therefore our office charges \$25.00 to complete a set of forms. Please allow a turn-around time of 2 weeks.

Medical Records: Patient's medical records are confidential and are not released without a signed authorization. Patients who wish to obtain a personal copy of their records will be charged 50 cents per page. A copy will be ready within 1 week. Patients should personally pick up their records to ensure confidentiality. There is no charge when sending your records directly to another physician. New patients are responsible for contacting their current or previous providers and requesting copies of their medical records to be faxed or mailed to our office.

Payment Policies: All co-pays are to be paid at the time of service. We will submit insurance claims for our patients. However, the agreement of the insurance carrier to pay for medical care is a contract between you and the carrier. You should direct any questions and /or complaints regarding coverage to your insurance carrier. You are responsible for any deductibles and other non-covered billable services. **Please note any account not paid within thirty (30) days could be subject to a Bill Process Fee of \$1.00 per month and /or interest of 12% per annum. You are financially liable for these fees unless disputed with the provider or their billing agency, Physicians Choice, Inc.**

Pre-authorizations: Some diagnostic test and treatments may require pre-authorization from your insurance carrier. If needed, we will assist you in obtaining pre-authorization. Please allow one week for this.

Patient/Guarantor Print Name: _____

Patient/Guarantor Signature: _____ Date: _____