

**Sarasota Neurology, P.A.**  
**Daniel Kasscieh, D.O., FAAN, FACN**  
**3501 Cattlemen Road, Suite B**  
**Sarasota, FL 34232**

**FINANCIAL POLICY**

As a courtesy and added benefit to our patients, we will file your Primary Insurance Only. This includes Medicare, Medicare Advantage Plans and other insurances.

1. All deductibles must be met on a yearly basis before your insurance pays for any medical treatment.
2. You are responsible for all copays, deductibles, coinsurances and estimated portions of charges at the time of check in – BEFORE you see the doctor.
3. Any additional balance due after your insurance is processed will be collected at subsequent visits or billed to your Visa/Mastercard on file (upon notification to you). Any refunds due will be credited back to your card on file, or applied toward your next visit. You will be notified of any credit card transactions.
4. For patients without insurance or for auto accident cases, all fees for services will be collected at check in, BEFORE you see the doctor. A print out of the day's charges can be given at check out for your records.
5. For Medicare patients: if your insurance is not an automatic crossover with Medicare, you are responsible for the coinsurance and any deductible remaining, BEFORE you see the doctor.
6. We do not file any secondary insurances. Please obtain a receipt at check out so you can file for reimbursement from your secondary insurance.
7. A "No Show" Appointment Fee of \$25 will automatically be added to your balance for patients who miss their appointment without a 24 hour notice of cancellation.
8. Returned checks will have a minimum charge of \$25 up to a maximum of \$40 added to your balance, as allowed by Florida Statutes. You may be liable for criminal charges and will be reported to the major Credit Bureaus. Thereafter, all balances due will be paid with your credit/debit card or in cash at the time of service.
9. Accounts past due more than 45 days will be automatically charged to your credit card on file. You will be notified prior to charges made on your account.

Please understand that a medical insurance policy is not a "pay all" but only assistance to other required payments set up by the insurance companies and Medicare. Your insurance company has a responsibility to you, not to Sarasota Neurology, P.A. Therefore you must pursue the issue with them for any disputes of nonpayment. We have no control over how they make their decisions, and you as the patient with benefits, can make a difference. Please contact the insurance company immediately if there are any concerns. In the event of a delinquent account that is placed in collection, you will be responsible for all additional fees incurred in the collection of the debt (35% of balance due added).

I, \_\_\_\_\_, understand that I am responsible for all costs of my medical treatment that are not covered by my insurance, including copays, deductibles, estimated charges and insurance denials for coverage. These may be charged to my credit/debit card: Visa/Mastercard/Discover/Amex number:

\_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Patient Signature/Parent if patient is a minor

\_\_\_\_\_ Date: \_\_\_\_\_  
Witness