



Henry Tellez, MD
Giridhar Chintalapudi, MD, FAASM
Board-Certified in Neurology, Vascular Neurology, Neuromuscular and Sleep Medicine

Office Policies & Fees

Financial Policy:

- Payments for services, including co-pays are **DUE AT THE TIME SERVICES ARE RENDERED**. As a courtesy, we contact your insurance company to find out information regarding your coverage and submit claims on your behalf. Because insurance policies vary greatly, we can estimate your coverage in good faith but cannot guarantee it. You are ultimately responsible for your payment of all fees incurred at our office if your insurance does not cover your treatment costs.
- Your insurance is a contract between you and/or your insurance company. YOU are responsible for providing us with current and accurate health insurance information. If you do not provide the correct insurance information at the time of billing, your insurance company may deny the claim and YOU may be responsible for payment in full.
- You agree to have Medicare or other insurance companies make payments on your behalf directly to Sandhills Neurologists.
- You acknowledge and accept final responsibility for payment of all charges if your insurance company does not pay.
- Tests sent to outside laboratories may result in additional charges billed to you by the laboratory.
- You authorize release of medical information to Medicare or other insurance companies pertaining to your history, services rendered, or treatment given to you or your dependents for purposes of claims review.
- You are aware that Sandhills Neurologists, PA does not file Medicaid as a third-party payor, if this condition applies to you.

Letters/Legal Paperwork:

- Letters, legal paperwork, disability forms and other miscellaneous forms will have applicable fees applied for their service preparation. Minimum charge is typically \$25.00 per letter or one-page form. These fees depend on the quantity and depth of forms and documents that a patient requests us to prepare. Letters will be ready for pick up or for fax within 14 days of request. Payment may be required prior to pick-up, mailing, or faxing. If faxing or mailing to an address other than the patient's address of record, we must have a signed consent form. If mailing, additional mailing fees will apply.

Returned Checks:

- If a personal check is returned unpaid from the patient's bank, their account will be charged a returned check fee of \$25 for each check and their account may be placed on a "cash only" basis for one year.

Same Day Cancellations and No-Show Fees:

- Much effort goes into staff scheduling and preparing for your visit. If you are unable to keep your appointment, please be considerate and notify us immediately. Failure to cancel within 24 hours of your scheduled appointment time deprives other patients from being seen in a timely manner.
- **"Physician Appointments"** - Missed appointments or appointments cancelled without 24-hour notice are subject to a \$50 fee. This fee will be collected at the second offense and appointments will not be re-scheduled until the fee has been paid. More than 2 missed appointment (or less than 24-hour notice) within 1 year will be subject to being permanently released from our practice.
- **"Diagnostic Testing Appointments"** - Diagnostic Testing appointments (such as Sleep Studies, EEG's, VNG's, etc.) cancelled without giving **48-hour notice** are subject to a \$75 fee. This fee will be collected at the second offense and appointments will not be re-scheduled until the fee has been paid. More than 2 missed appointment (or less than 24-hour notice) within 1 year will be subject to being permanently released from our practice.

By my signature below, I acknowledge that I have read, understand and agree to the above.

Patient Signature

Date

Cary – 251 Keisler Drive, Suite 100 Cary, NC 27518

Sanford – 101 Dennis Drive Sanford, NC 27330

Pinehurst – 295 Olmsted Blvd, Suite 12 Pinehurst, NC 28374

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☎ (888) 688-5254

SandhillsNeurologists.com