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Patient Financial Responsibility Statement

Payment of your bill is considered part of your treatment. If you have medical insurance, we stand ready to assist you in receiving your maximum allowable benefits. In order to do this, we need our help by understanding this statement of our Financial Policy.

NOTE: Except in a case of an emergency, patients must complete the information/insurance form before seeing the Physician.

Full payment is due at the time of service unless you are enrolled in an insurance plan to which Viktor Silver, M.D., P.A. participates.

Co-payments & deductibles for all insurance plans must be paid at the time of service. Failure to pay co-pays will be reported to your insurance plan and your employer. Co-pays are a condition of your insurance coverage, and you may be subject to termination of your insurance benefits if you do not pay them.

Method of Payment: Check, MasterCard and Visa payments are accepted. We also accept several insurance plans; please inquire with our office for verification of a certain plan.

Payments Without Insurance: Occasionally, our patients may find themselves without health insurance coverage. Our policy is that 100% of all anticipated charges must be paid at the time of service rendered.

Insurance Coverage – Please understand, as a health care provider and healthcare facility, our relationship is primarily with you, not your insurance company. As a courtesy and convenience to you, we may file insurance claims for our patients. We cannot bill your insurance company unless you give us your current and accurate insurance information.

Non-Sufficient Fund Checks written to Viktor Silver, M.D., P.A. will have a \$50.00 fee assessed to the account. A letter will be sent to the patient requesting the check be made good. If no explanation of payment is received within 14 days, the account will be turned over to an outside collection agency. Subsequent services must be prepaid in cash until the account is paid in full.

Patient Appointment Responsibility

- When you do not keep your agreed upon appointment three people are affected. First, you are affected because you do not receive the treatment you need as prescribed by the physician. Secondly, another patient who could have been scheduled for treatment if there had been proper notice. Finally, the physician now has a gap in time in his schedule because the time was specifically reserved for you.
- If you do not call and cancel your appointment within 24 hours in advance, the full charge of your appointment will billed directly to you. This charge will not be covered by your insurance.

Patient's Signature

Date

Guarantor Signature

Date

Note: The original of this document will become a permanent record in your chart.