

SLEEP CENTERS OF MIDDLE TENNESSEE, PLLC

MURFREESBORO
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STONECREST
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Brian M. Wind, PhD. Ray C. Johnson M.D.

FINANCIAL POLICY

We are happy that you have chosen Sleep Centers of Middle Tennessee to provide your healthcare needs. We are committed to providing the best care and service available. As part of this commitment, it is important that you have a clear understanding of our financial policies. Our staff will be glad to answer any questions you may have.

We participate in most insurance plans, but due to continuing changes within the insurance industry, we cannot guarantee that your services will be covered. However, we will work with you and your insurance company to come to an agreement if we are not contracted with your carrier. As most insurance companies do not require pre-certification for our services, it is the patient's responsibility to check to see if predetermination is required. Our staff will provide pertinent information upon request.

We will file all claims to the patient's insurance company(s) upon receipt of all required information and releases. You will not be sent a statement until after we have received payment or denial from the insurance. All statements are due and payable upon receipt. Insurance payment authorizations are included in your paperwork. Should you refuse to sign the authorization to have your insurance benefits paid to us, you will be responsible for paying the total of your charges at the time of service.

It is the patient's responsibility to ensure that Dr. Noah or Dr. Johnson is a contracted provider for his/her insurance.

_____, I understand that the contract between me and the insurance company provides that all
(initials) co-payments are due and payable at the time of service and that service can be
denied if I am not prepared to pay my co-pay per the contract between my
insurance company and the provider. (discretionary on a case by case basis)

Unless prior arrangements have been made, those who are uninsured are expected to pay at the time of the service.

We accept MasterCard and Visa for your convenience.

I have read, understand, and agree to abide by the above policies.

Print Name

Date of Birth

Signature

Date

Witness

Date