

## N.E.O. UROLOGY, ASSOCIATES

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[www.neurology.com](http://www.neurology.com)

### OFFICE FINANCIAL POLICY

**FOR PATIENTS WITH INSURANCE** – As a courtesy to our patients, we bill most insurance companies. If you have secondary insurance coverage, this will be billed as well. If an insurance carrier has not paid within 60 days of submitting the claim, we will bill the patient directly. All co-payments and deductibles are due at the time of service. Please do not ask us to bill you for your co-pay. We do accept cash, check, or credit card payments.

**MANAGED CARE PLANS** – Please review your insurance card carefully. Please let us know if you need prior authorization prior to being scheduled for tests, x-rays or in-patient surgery. We will make every effort to get the proper prior approval, but ultimately this will be your responsibility.

**MEDICARE PATIENTS** – We will bill Medicare for you. We will also bill secondary insurances for you. You will be billed for co-pays at time of service if you have a Medicare Managed Care Plan.

**MEDICAID, CARESOURCE, GATEWAY, UNISON PATIENTS** – A current, valid, identification card must be presented each time you visit our office. We may ask to you reschedule your appointment if you do not have an I.D. card showing current coverage.

**SURGERY FEES** – Payment arrangements must be made prior to the date of the surgery for all procedures that are not covered by insurance. You may be asked to sign a payment agreement for any procedure that is not paid in full at the time of service.

**WORKER'S COMPENSATION** – We do not have any physicians who are worker's compensation providers. We will not bill Worker's Comp. for any work-related illnesses or injuries.

**MISSED APPOINTMENTS** – In fairness to other patients and our physicians, a 24 hour notice of cancellation is required, or you will be charged a NO SHOW FEE.

I have read, understood and agreed to the above financial policy for payment of professional fees.

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Responsible Party (Please print name)

\_\_\_\_\_  
Responsible Party (Signature)

\_\_\_\_\_  
Date