

Sunshine Neurology PA  
813-634-3500  
Financial and Office Policy

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We find that communication with our patients regarding the policies of this office assist us in

Providing the best service to our patients.

1. Payment in full is expected at the time of service unless you have Medicare or your Insurance has been verified by this office.
2. It is important that a new patient know their insurance coverage. We will verify your insurance for you at or shortly after your first visit. The doctor provides service directly to the patient, not the insurance company; therefore, we will not become involved in any dispute between the patient and the insurance company. The patient will be responsible for all charges and co-pays not covered by their insurance.
3. If we bill your insurance company for services rendered and we do not receive payments within 45 days, we will expect you to pay the balance of the bill in full.
4. Special needs are understood by this office. It may be necessary to set up a payment plan. If this situation is necessary for you, please bring this to our attention as soon as possible and discuss it with the Office Manager.
5. All prescription refill requests need 24 hours notice. We try to do them as quickly as possible and will call them to your pharmacy after office hours are done. If you are requesting a refill on a controlled substance, you must pick up the prescription in the office the next day after your request.
6. The doctor has a busy schedule seeing patients during the day. If you require a call-back from the doctor, he will return all calls after office hours.
7. Appointments must be made to see the doctor.
8. If you need forms filled out by the doctor, please leave them and we will mail them to you or they can be picked up upon our call.
9. Our office does not accept any workers comp Policy or a paper work associated with workers comp and disability.
10. If we order lab work or testing for you, we will only call if there is a problem. Normal lab work or testing will be discussed with you at the next appointment.

Thank you for taking the time to read our policies. If you have any further questions, please let us know.

I have read and understood this policy and have received a copy.

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Patient Signature

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Date