Acknowledgement of Self-Pay Policy

MN EpilepsyGroup
Focused expertise. Comprehensive care.

Dear Patient/Guardian,

Uninsured patients, patients receiving non-covered services, or those who do not wish to use their insurance for reasons of confidentiality and instead wish to pay for services at the time they are rendered, will be given the opportunity to do so. **This form plus payment due must be received one week prior to the time of your in-person or telemedicine visit or your appointment will be canceled.**

You are being provided this letter of acknowledgement because you have requested that your doctor visit today be coded as "self-pay" and that you receive a "self-pay discount." Our self-pay discount is 45% off the regularly billed amount. A self-pay discount is offered to patients who elect to pay for the service in full on the date of service and who will not be submitting the claim to an insurance carrier. You have requested that this service be coded as self-pay because (initial one):

____You have no health insurance.

____You have health insurance, but you do not want your insurance billed and instead want to pay out of pocket.

____You have health insurance, but the service you would like is not covered under your policy.

____Other (please explain): _____

Our current self-pay rate for a new patient visit is $334.00.

Our current self-pay rate for a follow-up visit/telemedicine visit is $235.00.

Our current self-pay rate for a routine EEG is: $708.00.

The ABN is a notice given to Medicare beneficiaries to convey that Medicare is not likely to provide coverage in a specific case. "Notifiers" include physicians, providers (including institutional providers like outpatient hospitals), practitioners and suppliers paid under Part B (including independent laboratories), as well as hospice providers and religious non-medical health care institutions (RNHCIs) paid exclusively under Part A. As of 2020, Medicare is not likely to provide coverage for telemedicine visits except in limited circumstances. If you are a Medicare beneficiary who would still like to see one of our physicians at a cash pay rate for a service not covered by Medicare, you must acknowledge this acknowledge of self-pay policy as well as sign the ***Advance Beneficiary Notice of Noncoverage*** *before your appointment.*

ABNs may also be given to self-pay patients if their commercial insurer and/or Medicaid requires one to be completed.

By my signature below, I acknowledge that I have read and understand the above and have been given the opportunity to ask questions. I confirm that I am the patient, or the patient's duly authorized representative.

Patient or Representative Printed_____ DOB:____ /____ /_____

Patient or Representative Signature_____ Date ____ /____ /_____

If signed by someone other than the patient, please specify relationship to the patient: _____

Interpreter Signature _____ ID # _____ Date _____