



Princeton Neurological Surgery

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FINANCIAL POLICY/AGREEMENT

Thank you for choosing *Princeton Neurological Surgery, P.C.* as your health care provider. We are committed to providing excellent care to all of our patients and we will always do our best to achieve this goal, whether in the office or at the hospital.

Princeton Neurological Surgery, P.C. is a private professional entity and is *not* contracted with *any* insurance plans. Even though we do not participate in your insurance plan's provider network, we pledge to help you understand and manage the financial aspects associated with providing you the very best care and attention you deserve.

Many insurance plans allow patients to select their own treating physician even if the physician they prefer is not in their insurance plan's network. To help you understand your responsibilities, we will inquire as to your plan's out-of-network benefits, and explain what if any financial obligations you will have for our services.

Our independence is a hallmark trait of our practice. As an independent out-of-network provider, we do not work for any hospital system and the course of treatment we provide is *not* limited to what an insurance plan representative approves. **Our goal is simply to provide every patient with unparalleled and uncompromised care with direct access to his or her personal nurse specialist and board certified neurosurgeon 24/7.**

All charges will be submitted to your insurance carrier on your behalf as an out-of-network provider. You will be responsible for your deductible and co-insurance on allowed payments up to your out-of-pocket maximum according to your out-of-network insurance policy. Many insurance plans allow reasonable and customary payment for our services in which case you will not receive any additional bills. In few cases however, a particular plan may not provide reasonable and customary payment in which case you will be responsible for the difference between what is billed and what your insurance plan allows for payment. Again, we will help you determine beforehand if this is the case.

In addition, your insurance carrier may send payment for our services directly to you. You agree to relinquish all payments that you receive from your insurance company for our services to Princeton Neurological Surgery, P.C.

By signing below, you attest that you completely understand and accept our office financial policy as described above for services provided by Princeton Neurological Surgery, P.C. and its professionals.

_____ Date: ____/____/____
Patient name printed *Month* *Day* *Year*

Patient Signature