Michael S. Haydel, M.D., FIPP
Fellow of Interventional Pain Practice
Board Certified in Interventional
Pain Management and Anesthesiology

Michael P. Charlet, M.D., FAAN
Board Certified Neurologist
Fellowship in Neuromuscular Diseases

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FINANCIAL POLICY/CONSENT

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy which we require that you read, agree to and sign prior to any treatment.

All patients must complete our Information and Insurance Form before seeing the doctor.

Regarding Insurance:

You should be aware that professional services are rendered to you, not to an insurance company and you are responsible for payment of any/all of the charges if the insurance company or other agency does not pay the bill. We cannot bill your insurance company unless you give us your insurance information and an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits, you are still responsible for any outstanding balances. If your insurance company has not paid your account in full within 45 days, the balance will automatically be your responsibility

You should be aware that should your account become delinquent and collection proceedings are enacted against you, you will be responsible for all costs of collections including collection agency fees, court costs, and interest. You should be aware that there will be a $30.00 charge for all NSF checks.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

During your course of treatment you may be referred to a facility or service in which your health care provider has a financial or economic interest. Theses facilities include, but are not limited too, Gulf Coast Surgical Center, Bayou Region Surgical Center and Houma Medical Imaging. You have the right to choose where to receive services.

Thank you for understanding our policy. Please let us know if you have questions or concerns. I have read the Policy. I understand and agree to this Policy:

X______________________________________
Signature of Patient or Responsible Party

X______________________________________
Print Name

X______________________________________
Date