



**SIERRA
NEUROSURGERY
GROUP**

30 Years of Excellence

Neurosurgeons

Dante F. Vacca, MD
Lali Sekhon, MD, PhD
Jay K. Morgan, MD
David C. Leppia, MD
Hilari L. Fleming, MD, PhD
Christopher P. Demers, MD
John S. Davis, MD
Michael S. B. Edwards, MD

Pain Management

Jacob L. Blake, MD
Kevin F. Lasko, MD

Mid-Levels

Ashlie Teixeira-Smith, MSN,
FNP-C, BSN
Jennifer Minard, MSN, APRN
Jennifer Sanders, MSN, APRN
Jennifer Keller, MSN, APRN
Greg Graves, MA, ATC, PA-C
Curt Erickson, PA-C
Kellie Kopp, PA-C
Christine Canner-Peterson,
MS, APRN, CNRN
Wren Ballard,
MSN, APRN, CCRN

5590 Kietzke Lane
Reno, Nevada 89511

75 Pringle Way, Suite 1007
Reno, Nevada 89502

844 West Nye Lane, Suite 102
Carson City, Nevada 89706

775.323.2080
888.323.2080
775.323.8216 fax
www.sierraneurosurgery.com

Expert Care for spine and brain

Statement of Financial Policy

Thank you for choosing Sierra Neurosurgery Group. Sierra Neurosurgery Group is dedicated to the best possible care for your spinal/neurosurgical problem. The following information will make dealing with the financial aspects a little easier.

Payment Methods include cash, check and credit card. Payment plans can also be discussed.

Insurance Reimbursements in the event that you should receive reimbursement from your insurance carrier(s) for services rendered with Sierra Neurosurgery Group, that payment is due and payable to Sierra Neurosurgery and should be immediately forwarded to our billing department

Payment of any applicable deductibles, co-payments or co-insurance amounts are due before services are rendered. This applies to both office visits and surgeries.

If you have no insurance, payment in full is required at the time of service.

The Fee for returned checks is \$25.00; this will be added to your account and you may be asked to submit payment in cash, credit card or cashier's check.

Our office will complete forms for disability, FMLA or Department of Motor Vehicles. There is a \$25.00 fee per form. The office can give you a quote. Please allow our staff 7-10 business days to complete your forms.

If your insurance requires prior authorization or referrals for your office consultation and any visits thereafter, and if this authorization or referral has not been obtained prior to your visit, you will be expected to pay for all charges incurred at the time of your visit. If you insurance subsequently authorize our services, your payment will be refunded upon receipt of the insurance payment. If your insurance requires prior authorization for treatment such as x-rays, labs, imaging etc our office will work with your insurance company to obtain authorization. It is your responsibility to make sure such authorization is ultimately obtained.

Disclosure: In an effort to improve spine care in Nevada and throughout the country, Dr. Sekhon works closely with companies that are involved in the production of spinal implants or the delivery of health care. Payments may be received for this work, however, such payments will not influence the recommendations Dr. Sekhon makes for your personal health care.

Your surgical procedure may be performed in a surgery center if, in your doctor's opinion, it is medically acceptable to do so. Some of the advantages of having your surgery performed in a surgery center rather than hospitals are cost and efficiency of scheduling.



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Please be advised that some of our physicians together with a number of local physicians are part owners/investors in Summit Surgery Center and the Surgery Center of Reno. The physician owners do not receive a referral fee for performing your surgery at these surgery centers. If you would prefer to schedule your procedure at another surgery center or a hospital, if that is possible, please ask and we will make every effort to accommodate your wishes.

SIERRA NEUROSURGERY CANCELLATION POLICY

To gain the most benefit from our office and to ensure that other patients receive the highest level of care, it is essential to keep all your scheduled appointments.

If you are more than 10 minutes late for an appointment, you may not be seen that day. We try to keep to our schedule and your being late will affect the next patient.

We understand the need at times to cancel your appointment. If you must cancel your appointment, please give us at least 24 hours notice. There are other patients requiring our care and your appointment can be given to someone else with enough notice.

If you cancel 3 appointments or miss 2 appointments, you may be discharged from our care.

SUMMARY NOTICE OF PRIVACY PRACTICES AND ACKNOWLEDGEMENT OF RECEIPT:

Under Federal law, Sierra Neurosurgery Group ("SNG") is required to protect the privacy of certain parts of your protected health information ("PHI") we hold in our files. Upon your request, SNG must give you a notice (referred to as our "Notice of Privacy Practices") of our legal duties and privacy practices concerning the permitted uses and disclosures of your PHI and your rights regarding our use and disclosure of your PHI. You have the legal right to review our Notice of Privacy Practices before you sign the consent, and we encourage you to read it in full. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notices by accessing our website (www.sierraneurosurgery.com). You have a right to restrict how we use and disclose your PHI for the purposes of treatment, payment or health care operations. We are not required by law to grant your request. However, we do decide to grant your request, we are bound by our agreement with you. You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your PHI for the purposes of treatment, payment and health care operations. If you have any questions, you may contact the privacy officer at the number above.

Patient Consent Form for Electronic Exchange of Individual Health Information



HealthIE Nevada is a non-profit organization dedicated to connecting the healthcare community to share information electronically and securely to improve the quality of healthcare services. To learn more about the Health Information Exchange (HIE), read the Patient Information brochure. You can ask the doctor that gave you this form for it, or go to the website www.healthIENevada.org.

Details about patient information in HealthIE Nevada and the consent process:

- 1. How your information will be used and who can access it:** When you provide consent, only HealthIE Nevada participants (such as doctors, hospitals, laboratories, radiology centers, and pharmacies), will have access to your health information. It can only be used to:
 - Provide you with medical treatment and related services.
 - Evaluate and improve the quality of medical care provided to all patients, using de-identified health information.
 - 2. Types of information included and where it comes from:** The information about you comes from organizations that have provided you with medical care, and are HealthIE Nevada participants. These may include hospitals, physicians, pharmacies, clinical laboratories, and other healthcare organizations. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medications your doctor has prescribed. This may include information created before the date of this Consent Form. This information may relate to sensitive health conditions, including but not limited to:
 - Alcohol or drug use problems
 - HIV/AIDS
 - Birth control and abortion (family planning)
 - Genetic (inherited) diseases or tests
 - Mental health conditions
 - Sexually transmitted diseases
 - 3. Improper Access or Disclosure of your Information:** Electronic information about you may be disclosed by a participating doctor to others only to the extent permitted by Nevada State Law. If at any time you suspect that someone who should not have seen or received information about you has done so, you should notify your doctor.
 - 4. Effective Period:** Your consent becomes effective upon signing this form and will remain in effect until the day you revoke it or HealthIE Nevada ceases to conduct business.
 - 5. Revoking your consent:** At any time, you may revoke your consent by signing a new consent form and giving it to your doctor. These forms are available at your doctor's office, or by calling 855-484-3443. Changes to your consent status may take 24-48 hours to become active in the system.
- Note: Organizations that access your health information through HealthIE Nevada while your consent is in effect may copy or include your information into their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.
- 6. How your information is protected:** Federal and State laws and regulations protect your medical information. HIPAA, the Healthcare Insurance Portability and Accountability Act of 1996, is the federal law that protects your medical records and limits who can look at and receive your health information, including electronic health information. HIPAA's protections were further strengthened by another federal law, the HITECH Act of 2009, which may impose severe financial fines on anyone who violates your medical privacy rights. All health information made available on the HIE, including your medical information, is encrypted to federal standards and is accessible only as allowed by Nevada State law (NRS 439.590). In addition, your doctor must provide you with a Notice of Privacy Practices, which describes how he or she uses and protects your medical information.

Copy of Form: You are entitled to receive a copy of this Consent Form after you sign it.

Office Visits and Surgical Services

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance or "80%/20% or 70%/30% coverage"	Payment of the patient responsibility for all office visit, injections and other charges at the time of the service. ¹	Call your insurance company ahead of time to determine deductibles and coinsurances. File an insurance claim on your behalf, as well as any claims to your secondary insurance.
HMO & PPO plans with which we have a contract	<u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are requested at the time of the service. <u>If the services you receive are not covered by the plan:</u> payment in full is required at the time of the service. ¹	Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you. File an insurance claim on your behalf, as well as any claims to your secondary insurance.
Out of network or Point of service plans	Knowing whether we are a participating provider with your insurance plan. Payment of the patient responsibility - deductible, copay, non-covered services - are due at the time of the service. ¹	Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services. File a claim on your behalf, as well as any claims to your secondary insurance.
Medicare	If you have regular Medicare, and have not met your yearly deductible, we require that it be paid at the time of service. Any services not covered by Medicare are required at the time of service. If you have regular Medicare as primary and no secondary insurance, payment of your 20% copay is required at the time of the service.	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicare HMO	All applicable copays and deductibles at the time of the service.	File the claim on your behalf, as well as any claims to your secondary insurance.
Worker's Compensation	<u>If we have verified the claim with your carrier,</u> no payment is necessary at the time of the service. <u>If we are not able to verify your claim,</u> payment in full is required at the time of the service. If and when we receive payment you will be refunded your portion.	Call the carrier ahead of time to verify the accident date, claim number, primary care physician, employer information and referral procedures.
No Insurance	Payment in full at the time of the service.	Provide financial counseling in the case of a financial hardship.

¹Patient responsibility may vary from what was quoted when eligibility and benefits were verified with insurance once payment is received.