



Kishori Somyreddy, MD

## Financial Policy

Any copays are expected to be paid at the time of service. We do not bill to auto insurance or any other non-health insurance plans. Please note:

### Accepted insurance plans include:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aetna                  | <input type="checkbox"/> First Health Network | <input type="checkbox"/> Tricare — out of network             |
| <input type="checkbox"/> Anthem                 | <input type="checkbox"/> Harvard Pilgrim      | benefits  |
| <input type="checkbox"/> Blue Cross Blue Shield | <input type="checkbox"/> Martins Point        | <input type="checkbox"/> United Healthcare                    |
| <input type="checkbox"/> Cigna                  | <input type="checkbox"/> Medicare             | <input type="checkbox"/> Medicaid ( <i>secondary only</i> ) * |

### Accepted payment methods include:

- |   |                                   |                                     |
|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Checks   | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Cash             | <input type="checkbox"/> Discover | <input type="checkbox"/> Visa       |

### No Insurance/Self Pay:

- If paid in full, a 20% discount will be applied.
- 50% of fee is due upfront. The remaining balance will be paid in installments over 5 months.

## Cancellation Policy

Cocheco Neurology requires a 24-hour notice before canceling or rescheduling an appointment. Any cancellations made without a 24-hour notice for routine visits will be charged a fee of \$25, and \$50 for procedure visits.

An office visit may be rescheduled up to three times. Should you cancel your appointment on the third reschedule, you will be discharged from the practice.

A procedure appointment (EEGs and EMGs) may only be rescheduled twice. If we have rescheduled the appointment twice and you request for a third time, you will be asked to come in for an office visit. You will be discharged from the practice should you fail to come in for the scheduled office visit.

## No-Show Policy

Any missed appointment for routine visits will be charged a fee of \$25, and \$50 for procedure visits.

Reminder calls are made two days before the scheduled appointment. It is the patient's responsibility to update contact phone numbers. We will not be able to see you should you arrive 20 minutes late for a new appointment, or 10 minutes late for a follow-up appointment, and the absence will be considered a no-show.

## Prescription Policy

Allow 24 hours for processing when requesting a prescription. Please have the following information ready when asking for the medication: Patient's name, date of birth, phone number, medication name, medication strength, the medication directions, and the name of the pharmacy you use. If you use a specialty pharmacy, such as Medco or Express Scripts, please provide your member ID number.

I have read and accept the terms stated above: \_\_\_\_\_

(Signature)