

JORDI X. KELLOGG, M.D., P.C.

PHYSICIAN AND SURGEON

*Specializing in Microneurosurgical and Endovascular Techniques
In the Treatment of Brain and Spinal Disorders*

Account Policy

Patient Responsibility

Patients are responsible for all charges resulting from treatment provided by Jordi X. Kellogg M.D., P.C. As a service to you we will bill most insurance carriers directly. However, primary responsibility for the account is yours.

Payment Arrangements

New patients without insurance will be required to make a deposit at the time of service unless otherwise specified by the business office.

All established patients will be required to pay the balance of their account within 30 days of receiving their first billing unless payment arrangements have been made with billing office.

All co-payments will be due at the time of service.

Referrals

If you do not have a referral from your primary care provider to see your specialist, it is your responsibility to ensure that your referral or prior authorization is in place if your insurance requires either. Please be aware that if you choose to be seen before you have received valid authorization your insurance company may not pay for the visit you may be financially liable for the services rendered.

Insurance Billing

We will as a courtesy bill your primary and secondary insurance. It is your responsibility to provide correct insurance billing information and to know which provider your insurance company reimburses at the maximum benefit.

If you were involved in an auto accident and have retained an attorney to pursue settlement, your private insurance will not be billed. Your account will be satisfied with proceeds of the settlement. A medical lien will also be filed against you in the event a surgery is performed by Dr. Kellogg.

If your insurance changes, please present your new card at your next visit. If your insurance coverage is not in effect at the time of your visit, payment of all provider services is your responsibility.

Jordi X. Kellogg M.D., P.C. is a participating provider with Medicare.

Non Covered Services

In the event your insurance coverage is not in effect or you have a service rendered that is not covered, you will be financially responsible for these services.

Check Returned

If a check issued to Jordi X Kellogg MD PC is returned for non-sufficient funds, you will be charged the original amount for which the check was written as well as the bank fee for that return.

I have reviewed this copy of the account policy for Jordi X. Kellogg M.D., P.C. I accept this policy for my treatment with Jordi X. Kellogg M.D., P.C.

Name

Date

If you have any questions, please contact the office manager at 503-256-1462 option 3.

9 am – 5 pm 503-256-1462 After 5 pm 503-294-1525 Fax: 503-257-9523
website: www.kelloggbrainspine.com e-mail: Drkellogg@kelloggbrainspine.com