

# SOUTH SHORE NEUROSPINE GROUP, LLC



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## NOTICE AND AGREEMENT REGARDING PATIENT'S

### FINANCIAL RESPONSIBILITY

South Shore NeuroSpine Group, LLC (SSNG) will process all billing matters for medical services rendered by SSNG. We will file claims for services with your insurance company on your behalf. If you have made prior arrangements to establish a Self Pay account, we will bill you directly.

We will obtain authorizations for surgical services, in advance, from your insurance carrier. It is your shared responsibility to also contact your insurance carrier to confirm that the prescribed services are covered by your plan. In the rare event that authorized procedures are later denied for payment by your insurance carrier, we will attempt to resolve the matter on your behalf. If your insurance carrier denies reimbursement after our attempt to resolve the claim, you will be responsible for all balances due.

It is your personal responsibility to pay all co-pays, deductibles, co-insurance and outstanding balances that are due after your claim has been processed by your insurance carrier, or if your claim is denied by your insurance carrier. We will issue invoices and statements to you identifying all amounts due from you that are not covered by your insurance carrier. Payment of any amount invoiced must be received within thirty (30) days of invoicing. In the event of financial hardship, eligible patients may make arrangements to set up a payment plan for balances due, by contacting SSNG upon receipt of an invoice. Eligibility for a payment plan and arrangements regarding payment will be determined at the sole discretion of SSNG.

You hereby agree to pay SSNG's costs and expenses, including but not limited to reasonable attorneys' fees, incurred in connection with enforcing this agreement and collecting unpaid balances due, to the extent not prohibited by applicable law.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name