

PATIENT GUIDELINES

1. The patient is required to complete and sign a Registration Form annually and at any time there is a change in his/her address or insurance information.

Please inform the receptionist of any changes immediately!

2. The patient is required to supply a valid medical insurance card with the Registration Form and upon check-in at every visit.
3. The patient is ultimately liable for all charges on his/her account.
4. Copays are due at registration without exception.

Please pay the receptionist upon check-in!

5. No insurance carrier will be billed for office visit copays.
6. Acceptable methods of payment are: CASH, CHECK, and CREDIT CARD.
7. A \$60.00 fee will be charged to the patient's account for any personal checks returned NSF.
8. If a valid insurance card is provided, the patient's insurance carrier will be billed as a courtesy.
9. In the event of two insurance carriers, as stated by Ohio Board of Insurance Regulation, the higher of the two fee schedules will be applied.
10. The patient is responsible for knowing what services are covered by his/her insurance and which providers participate in his/her insurance plans and networks.

For questions regarding coverage benefits and limitations of your insurance policy please refer to the number for the customer service department listed on the back of your insurance card.

For billing questions or information about your account please contact our billing service:

“Patient Login” ~ www.ncdsinc.com

Make a Payment / Update Address & Insurance Information / View & Print Statement

Call
(800) 556-6236 toll free



Email
billing@ncdsinc.com

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Thank you very much. Your cooperation is greatly appreciated.