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POLICY – Patient Billing

Effective date: September 30, 2009

Impulse Monitoring, Inc. (“Impulse”) provides intra-operative neurophysiologic monitoring (“IONM”) services. IONM technical services are provided by on-site technologists employed by Impulse, supported by physicians who provide physician monitoring services in real time via online connection. IONM services are provided under a contractual arrangement between Impulse and the hospital. It is the responsibility of your surgeon to let you know if he/she is requesting IONM for your surgery.

This policy is intended for patient information and is publicly available on the Impulse website at www.impulsemonitoring.com.

Coverage

A claim for IONM services provided will be submitted to the patient's insurance plan. Most insurance providers will pay for intraoperative neurophysiological monitoring. However, it is a good idea for patients to check, or ask the surgeon's office to check, with the insurance carrier before surgery.

Network Participation

Our physicians have limited in network participation: they accept Medicare and many participate with Blue Cross/Blue Shield. Depending on your insurance plan, this means that you may be receiving IONM services from an out of network provider. You should check with your carrier to find out what this means for you. It may be necessary for you to ask your surgeon to obtain pre-authorization for IONM services.

Billing Process

After surgery, the patient will receive a letter from Impulse explaining the billing process.

The charges for the monitoring services are billed directly to the insurance provider (including Medicare). It takes approximately thirty days for the claim to be processed. After your insurance company pays, Impulse will provide you with information on behalf of the physician about any amount you owe. Note that physician bills may come from one of three practice groups: American Neuromonitoring Associates, P.C., Pacific Neuromonitoring Associates, Inc. and North Pacific Neuromonitoring Associates, P.C.

To the extent your insurance plan provides coverage, the amount charged to you will be limited to any applicable deductible and co-pay. You will not be balance billed, i.e. if the plan pays an allowable charge that is less than the fee for the service, the physician will not bill for the balance.

Payment arrangements for self-pay patients will be discussed with the patient on an individual basis.

If you have any questions about the bill you receive, call the patient financial services department on weekdays between 9.00am and 5.00pm EST at 1-866-702-1790.