



ADVANCED  
**NEUROSURGERY**  
ASSOCIATES

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**Advanced Neurosurgery Associates**  
**Pediatric and Adult Neurosurgery**  
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**Dear Patient,**

**Thank you for choosing the office of Advanced Neurosurgery Associates, Pediatric and Adult Neurosurgery. In addition to our physicians, nurse practitioners, and clinical assistants, who will look after your medical needs, our administrative staff is here to help you with scheduling, billing and other non-clinical issues. Please take a few minutes to review the following information related to our practice and payment policies.**

### **Patient Policy**

**You are responsible for all charges if you are not covered by insurance, if your insurance does not cover your particular treatment, or if Dr. Fried, Dr. El Khashab, Dr. Rathmann or Dr. Vivek Ramakrishnan do not participate in your plan. If your treatment is not covered, you are responsible for all applicable co-payments, deductible, and/or co-insurance.**

**Payment is required on the day of service. You must bring a valid verifiable insurance card and referral or authorization number (when applicable) on the day of your appointment. We are not responsible for informing the patients if they require a referral, you should be aware of your benefits and coverage. Otherwise, you will be held responsible for payment at the time of your visit.**

**For all billing inquires and details on your bill, please contact the office by dialing our main number: 201-457-0044.**

**Our goal is to provide you with the best quality, state of the art medical care in an environment that is sensitive to your needs. Please let us know how we are doing or how we can improve our service and do not hesitate to call us if you have any questions.**

**Thank you again for choosing our practice.**

**Advanced Neurosurgery Associates, P.C.**

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