

Sentinel Neuromonitoring, LLC and Professional Oversight Consultants, PLLC

Dear Surgical Patient,

Your physician has referred you to Sentinel Neuromonitoring, LLC and Professional Oversight Consultants, PLLC for the purpose of providing intraoperative neuromonitoring (IONM) during your upcoming surgical procedure. IONM is a procedure that is performed during spine surgeries to protect the functional integrity of the spinal cord and nerve roots, and for providing real time feedback to the surgeon and the surgical team. The highly skilled neuromonitoring practitioners are integral members of the operating room team as they help the surgeon carry out a safe operation with optimal results for the patient. The remote professional oversight, provided by Professional Oversight Consultants, is required by the facility that your procedure is performed at. Remote professional oversight employs a physician or other specialist to interpret IONM test results and assist the IONM professionals that are in the OR during your surgery.

In this area, there are currently no known in-network providers of this service. However, you have the right to receive in-network payment for services performed from a non-network provider in order to obtain healthcare, including for neuromonitoring services. The purpose of this letter is to assist you in the complex billing process by allowing us to bill your insurance company for services performed by out-of-network providers. We have contracted with healthcare billing specialists to bill for the out-of-network services you should be receiving.

Prior to the neuromonitoring practitioner rendering services for your medical procedure, we ask that you take a moment to read carefully the statement below, and print and sign your name as authorization to provide neuromonitoring services and bill for them on your behalf:

I am aware that neuromonitoring services will be involved in my care, and I am voluntarily choosing to obtain services from the neuromonitoring companies listed above. I understand that this health care specialist is not an in-network participating provider in any health insurance coverage network. I am consenting to have my insurance company billed by this provider, and for this provider to submit any appeals for in-network, or out-of-network benefits on my behalf.

Signature of Patient, Parent, or Legal Guardian

Printed Name of Patient, Parent, or Legal Guardian

If you have a question regarding any payment obligations for neuromonitoring services rendered, please do not hesitate to contact one of our billing specialists at:

Physicians Ally Billing
720-330-9435
