

Neuropsychological Consultants, Inc.

Teresa M. Deer, Ph.D.

June A. Restrepo, Ph.D., ABPP-Cn

(262) 672-1334

Patient: _____

Teresa M. Deer, Ph.D. and June A. Restrepo, Ph.D., of *Neuropsychological Consultants, Inc.*, are participating providers in the _____ health care insurance network.

You are required to pay any applicable co-insurance fees (for a visit with a specialist) on the day of your visit with your doctor.

Neuropsychological Consultants, Inc. will bill your insurance for the services provided to you and will indicate receipt of your co-payment today. After your health care insurance company has paid its portion, you will be responsible for paying any and all remaining balance—up to the maximum payable amount that Preferred Providers are allowed to collect from those insured.

Neuropsychological Consultants, Inc. cannot guarantee that your health care insurance company will pay any amount for the services provided to you today. If, after all reasonable attempts to obtain payment have been exhausted and your health care insurance company refuses to pay for these services for any reason, you will be responsible for payment in full for all charges related to the services provided to you by your doctor. If necessary, a minimum monthly payment plan can be arranged between *Neuropsychological Consultants, Inc.* and you to allow for payment over a defined period of time.

By signing this form, you are indicating that you have read & understood all of the information provided above, and agree to abide by it.

Neuropsychological Consultants, Inc.

By signing below, I indicate that I have read and that I understand the statements above, and agree to abide by them. I understand that I will be responsible for any charges not covered by my insurance company.

Patient's Signature

Date

Guardian or legally responsible person's signature

Date

Relationship to patient

Note: if Guardian or POA for Healthcare, a copy of the legal document indicating this must be attached.