

Neuropsychological Consultants, Inc.  
Teresa M. Deer, Ph.D. and June A. Restrepo, Ph.D.  
(262) 672-1334

Patient: \_\_\_\_\_

Teresa M. Deer, Ph.D., and June A. Restrepo, Ph.D. of *Neuropsychological Consultants, Inc.*, are able to see patients with active Workman's Compensation claims.

As a convenience to you, *Neuropsychological Consultants, Inc.* will bill Workman's Compensation (WC) for the services provided to you.

*Neuropsychological Consultants, Inc.* cannot guarantee that WC will pay any amount for the services provided to you today. If, after all reasonable attempts to obtain payment have been exhausted and WC 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 Dr. Deer or Dr. Restrepo. 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 Workman's Compensation.**

\_\_\_\_\_  
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.