



TRIANGLE NEUROPSYCHOLOGY SERVICES, PLLC
3310 Croasdale Drive, Suite 400, Durham, NC 27705
1540 Sunday Drive, Suite 200, Raleigh, NC 26707

PAYMENT POLICY

PAYMENT: In the event your insurance does not cover our services (or any portion thereof, we will work with you regarding payment (i.e., setting up a payment plan). Unless we agree otherwise, we expect full payment within thirty (30) days of the date of service. The undersigned hereby agrees that interest at 12% per annum may be due and owing on this account and said interest may begin thirty (30) days after the principal is due. You bear ultimate financial responsibility for all services rendered to you, including worker's compensation claims and personal injury cases, regardless of the outcome of litigation.

In the event that coverage is denied under worker's compensation, you will pay any unpaid balance, notwithstanding any appeal of such denial. With respect to personal injury cases, you are responsible for fees incurred, we may not be able to seek payment from third parties, and we cannot wait on the outcome of pending litigation for payment. We do not accept contingency fee arrangements. If there is any remaining balance(s) due at the time of settlement, you hereby authorize your attorney to clear your outstanding accounts. Your signature also constitutes your irrevocable agreement to a waiver permitting payment of health insurance claims directly to Triangle Neuropsychology Services, PLLC prior to claimant receiving such funds.

INSURANCE FILING AND COVERAGE: We will file your initial insurance claim(s) and provide documentation necessary for insurance reimbursement. We do not, however, guarantee that each service will be covered or what percentage will be covered. You may incur extra charges for refiling of insurance claims.

CO-PAY: Your co-pay is expected at the time of service.

CANCELLATION: Minimum of 48 hours' notice is required for cancellation of appointments. If this notice is not received, you may be charge for the full amount that was reserved for your appointment. This may include legal fees associated with subpoenas, depositions, and other court-related activities. Insurance cannot be billed for missed/canceled appointments.

GUARANTEE OF PAYMENT AND ASSIGNMENT OF INSURANCE BENEFITS: For value received, the undersigned guarantor and/or patient (hereinafter "the Undersigned") promises to pay to Triangle Neuropsychology Services, PLLC (hereinafter "Provider") all charges incurred for services rendered to the Undersigned. The Undersigned understands that Provider will process the paperwork to complete insurance claim(s) and assigns any monies due and owing under the insurance contract to said Provider. It is, however, understood and agreed that the Undersigned is responsible for all monies due and owing for services rendered by Provider in the event insurance does not pay for these services. It is acknowledged that the ultimate completing and following-up of any insurance claims is the responsibility of the Undersigned.

It is further agreed by the Undersigned that if, in the event any monies received by the provider from the insurance carrier are at any time after their receipt withdrawn from the Provider by the insurance carrier, the Undersigned will be responsible for those monies then due and owing, and waives any defense for payment the Undersigned may have against Provider. In the event this account is turned over to an attorney for collection, the Undersigned hereby agrees to pay all costs of collection, not limited to court costs but including responsible attorney fees. The undersigned authorizes use of this form on all insurance claim submissions. Release of records to referral sources is also authorized.

FORENSIC CASES: Responding to discovery requests, conferences, and phone calls with attorneys involves additional time and record-keeping. Additionally, Patient (or Responsible Party) is responsible for all direct costs and expense associated with Triangle Neuropsychology Services, PLLC and its attorney representative in matters responding to discovery requests (including depositions) and with these conferences including, but not limited to, court appearances, preparation of reports, photocopying, phone calls, faxes, long distance travel, overnight delivery, and courier services. These expenses are billed to Patient (or Responsible Party) and to patient's attorney. Patient (or Responsible Party); however, remain primarily responsible for payment of these charges if not paid in full within 60 days.



PROCEDURE NOTICE: Testing includes time for:

1. The selection of tests
2. The administration of tests
3. The scoring of tests
4. The interpretation of tests
5. The discussion of testing results (feedback)

In certain cases, a more comprehensive and time-consuming assessment may be needed. This would be regarding such cases, but not limited to, medical-legal cases. If a more comprehensive assessment is needed, it may or may not be completely covered by an insurance plan. The responsible party as noted below accepts responsibility for these charges.

If you have any questions, please speak with our Office Manager. Your signature indicates that you have read the above and agree to the terms contained therein. These agreements are irrevocable.

Signature of Patient** or Legal Representative**	Date	Time

Relationship to Patient***	Signature of Witness

***If you are signing this form on behalf of the Patient, you must state your relationship to the patient. If you are the Health Care Power of Attorney for a Patient, you must provide legal documentation to this effect.

**If the Patient is under 18 years of age, unless the Patient is an emancipated minor, this Authorization (and any revocation) must be signed by a parent, legal guardian, or other person acting loco parentis who has the authority to act on the minor-Patient's behalf. By signing this form for someone else, you as the parent, legal guardian, a party acting as loco parentis, or legal representative warrant that you have the legal authority to act on the Patient's behalf and that you are not prohibited by Court Order from having access to the requested medical records.