



8340 Meadow Road, Suite 134
Dallas, Texas 75231
Ph.: (972) 490-5757
Fax: (214) 378-7009

Patient Name:

FINANCIAL/OFFICE POLICIES

Payment for Assessment:

You may pay the fee in full at the time of testing, or you may break the fee into two payments paying half at the time of testing and half at the second appointment. We accept cash and checks made payable to CNCC. We also accept Visa and Mastercard.

E-mail

I understand that e-mail is not recommended and not a confidential form of communication. I agree to hold Dr. Pottinger harmless if I choose to use the email for personal information or transmission of my report.

Initials _____

Insurance:

I will file insurance for Aetna PPO and Blue Cross Blue Shield PPO. I do not file insurance for other carriers; however, you will be provided the appropriate information to file your own insurance.

Every effort is made to verify your insurance benefits prior to your appointment; however, insurance companies make it clear that their quote "is not a guarantee of benefits and that the final decision regarding coverage and payment will be made at the time the claim is received." Any amount not covered by the insurance company is the responsibility of the insured.

Initials _____

You have the right to restrict disclosure of protected information to a health plan if you pay out of pocket in full for your healthcare service.

Initials _____

Delinquent Accounts:

If your account has not been paid in full within 60 days of the agreed upon date, use of a collection agency or small claims court may be required. Note disclosure of otherwise confidential information may be required. If such legal action is necessary, the costs will be included in the claim.

Initials _____

Returned Checks:

There will be a \$50.00 charge for all returned checks. If a check is filed with the DA's office for collection, all fees incurred in the filing will be your responsibility as well. After a check has been returned twice for NSF, payments to our office will be on a cash basis only.

Initials _____

Cancellations/No Shows/Reschedules:

There will be a \$150.00 charge for patients who cancel or reschedule an appointment without giving a 48 hour notice. There will be a \$200.00 charge for NO SHOW patients, as these appointment times could have been given to another patient.

Initials _____

Legal Proceedings

If you require CNCC's participation in legal proceedings, you must pay for all of the professional time including preparation and transportations costs. Preparation of material for an attorney, per hour is \$250.00. Testimony by Deposition, per hour including travel time is \$360.00. Courtroom testimony, per hour including travel time is \$600.00. A four hour retainer is required.

Initials _____

A neuropsychological evaluation conducted by CNCC is not a custody evaluation and should not be used for that purpose.

Initials _____

Parent/Guardian's Signature

Date