

# Neuropsychological Services of Oregon, LLC

231 SW Scalehouse Loop, Suite 203  
Bend, OR 97702

Phone: 541-306-6456  
Fax: 541-647-1580

## STATEMENT OF FINANCIAL RESPONSIBILITY

### **Insurance:**

Covered services can vary by insurance plan. It is your responsibility to understand the benefits and requirements of your specific plan. Your insurance may require you to obtain preauthorization and/or physician referral before receiving services from Neuropsychological Services of Oregon, LLC (hereinafter "NSO"). As a courtesy, NSO may attempt to obtain preauthorization from your insurance provider on your behalf. However, doing so does not guarantee insurance coverage/payment for services. It is ultimately your responsibility to obtain preauthorization or meet other insurance company requirements. Denial by your insurance company due to lack of preauthorization and/or physician referral is your responsibility. You may be required to pay a portion of fees due to deductible or co-payment as dictated by your insurance.

GUARANTEE OF PAYMENT AND ASSIGNMENT OF INSURANCE BENEFITS: For value received, the undersigned guarantor and/or patient (hereinafter the "Responsible Party") promises to pay to NSO all charges incurred for services rendered to the Responsible Party. The Responsible Party understands that NSO will process the paperwork to complete in-network insurance claim(s) but only as a courtesy to the Responsible Party, and the Responsible Party authorizes NSO to release any and all information necessary to complete insurance claim(s) and assigns any monies due and owing under the insurance contract to NSO. **It is, however, understood and agreed that the Responsible Party is responsible for all monies due and owing for services rendered by NSO 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 Responsible Party. It is further agreed by the Responsible Party, that in the event any monies received by NSO from the insurance carrier which are at any time after their receipt withdrawn from NSO by the insurance carrier, the Responsible Party will be responsible for those monies then due and owing, and waives any defense for payment the Responsible Party may have against NSO. The Responsible Party is responsible for informing NSO of any changes to his/her insurance coverage. In the event that this account is turned over for collection, the Responsible Party hereby agrees to pay all costs of collection including, but not limited to, court costs and attorney's fees. The Responsible Party authorizes use of this form on all insurance claim submissions. Release of records to referral sources is also authorized. The Responsible Party agrees to be bound by the terms and conditions of this account with NSO.

If you are covered by an insurance provider that Dr. Kreiling is not contracted with, she may provide you with a statement that contains the Current Procedural Terminology (CPT). This information may be helpful if you would like to submit your bill to your health insurance company for reimbursement. Dr. Kreiling makes no guarantee that your insurance provider will provide you with any reimbursement.

### **Self-Payment:**

Full payment is expected prior to the start of consultation and evaluation. In most cases, Dr. Kreiling will provide an estimate for services prior to your appointment. Note the estimate varies according to the reason for referral and type of evaluation being conducted. Any balance in addition to the estimated cost will be due within 30 days of the date on the billing invoice. Payment can be made in the form of cash, personal check, Visa, Discover, or MasterCard. There is a \$35 fee for all returned checks. The Responsible Party will be responsible for those monies then due and owing, and waives any defense for payment the Responsible Party may have against NSO. In the event that this account is turned over for collection, the Responsible Party hereby agrees to pay all costs of collection including, but not limited to, court costs and attorney's fees.

**Cancellation Policy:**

A minimum of 48 hours' notice is required for cancellation of appointments, as we set aside a substantial block of time for your evaluation. If this notice is not received, the Responsible Party may be charged for the full amount of time which was reserved for the appointment at the rates posted in the office of NSO. This may include legal fees for the time associated with subpoenas, depositions, and other court-related activities. Insurance will not be billed for missed/cancelled appointments. Your copay is expected at the time of service. We will file the Responsible Party's initial in-network 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. The Responsible Party may incur extra charges for refiling of insurance claims.

In the event that the Patient's/Responsible Party's insurance does not cover our services (or any portion thereof), NSO expects full payment within thirty (30) days of the date of service. **The Responsible Party hereby agrees that accounts not paid within thirty (30) days will be charged a late fee of \$15.00 and will accrue interest at the rate of 1.5% per month (18% A.P.R. – a minimum of \$1.00 will apply).** The Responsible Party bears ultimate financial responsibility for all services rendered to the Patient/Responsible Party, including workers' compensation claims and personal injury cases, regardless of the outcome of litigation. In the event that coverage is denied under workers' compensation, the Responsible Party will pay any unpaid balance, notwithstanding any appeal of such denial. With respect to personal injury cases, the Responsible Party is responsible for fees incurred, NSO may not be able to seek payment from third parties, and NSO cannot wait on the outcome of pending litigation for payments. NSO does not accept contingency fee arrangements, as that is prohibited in Dr. Kreiling's profession. If there is any remaining balance(s) due at the time of settlement, the Responsible Party hereby authorizes their attorney to clear the Responsible Party's outstanding accounts.

Responding to forensic/legal requests, conferences and telephone calls with attorneys involve additional time and record keeping. The Responsible Party is responsible for all direct costs and expenses associated with NSO and its attorney response to discovery requests (including depositions and subpoena duces tecum time and labor costs) and with conferences including, but not limited to court appearances, preparation of reports, photocopying, faxes, long-distance telephone calls, out of office travel, overnight delivery, and courier services. The hourly rates for forensic/legal requests are listed at the NSO office and are available upon request. These expenses are billed to the Responsible Party and to the Patient's/Responsible Party's Attorney. The Responsible Party, however, remains responsible for payment of these charges if not paid in full within sixty (60) days.

If you request copies of information sent to another source or if you have given another source permission to review evaluations or other reports, there may be a charge for copying and mailing. If letters are written on your behalf, or extended or frequent telephone calls or emails made, additional hourly rates for services may apply for time over 10 minutes. Hourly rates are listed at the NSO office and are available upon request.

NOTE: Testing includes time for (1) administering and (2) scoring the tests, (3) preparing the report, and (4) discussion of the results (feedback). In non-forensic cases, this will typically add 1-6 hours to the actual testing time. Forensic/legal cases typically require even more time and may include record review and consultation(s) with attorney(s), etc. In certain cases (such as, but not limited to, forensic/legal cases), a more comprehensive and time-consuming assessment may be needed than what may be approved under your insurance plan (for example, when an insurance plan covers up to 3 hours of testing/report preparation but Dr. Kreiling feels that your case requires additional hours of testing/record review/report preparation/etc.). The Responsible Party as noted below accepts the responsibility for these charges.

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

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_