NEUROLOGICAL SPECIALISTS, P.C.

Diseases of the Nervous System * Sleep Disorders
Electromyography * Evoked Potentials
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Seth G. Spotnitz, M.D. **Olga Bogdanova, M.D.**

ACCIDENT INFORMATION

IS YOUR ILLNESS DUE TO AN ACCIDENT?_____ DATE OF ACCIDENT:_____

TYPE OF ACCIDENT:_____ATTORNEY NAME:_____

ARE YOU BEING SEEN UNDER WORKER'S COMPENSATION COVERAGE_____

ARE YOU SEEKING DISABILITY?_____ATTORNEY NAME:_____

YOUR INSURANCE

Your insurance is a method for you to receive reimbursement for fees you have paid to the physician for services rendered. Having insurance is not a substitute for payment. Many companies have fixed allowance or percentages based upon your contract with them, not with our office. It is your responsibility to pay the deductible, co-insurance and any other balances not paid for by your insurance company. We will do all we can to assist you in receiving reimbursement, BUT YOU ARE RESPONSIBLE FOR YOUR BILL.

PHONE CONSENT

I/we, the undersigned, give prior express consent to Neurological Specialists, P.C., its employees and/or agents, to contact me at any/all phone numbers including cell phone numbers, for the purpose of treatment, insurance, and/or payment.

ASSIGNMENT OF BENEFITS

Your signature is necessary for us to process any insurance claims now and in the future to ensure payment for services rendered.

I authorize release of all medical information necessary to process my insurance claims. I assign all medical and/or surgical benefits including major medical benefits to which I am entitled to the above named physician or clinic. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

I/we understand that I/we are financially responsible for all charges now and in the future. I/we have read this information and understand it.

I/we agree that in the event any of the charges for services rendered are referred to an attorney for collection, or a collection agency, I/we agree to pay all costs of collection, including reasonable attorney's fee.

Neurological Specialists, P.C. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

PATIENT SIGNATURE:_____DATE:_____

PATIENT/RESPONSIBLE PARTY SIGNATURE IF PATIENT IS A MINOR OR INCOMPETENT:

_____DATE:_____