

NEUROSCIENCE CONSULTANTS, PLC

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ADULT NEUROLOGY

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Payment Policy

PAYMENTS: Payment is expected at the time of your visit. We will accept cash, check, or credit card. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. If you do not have insurance, payment in full is expected at the time of your visit per our Self-Pay Agreement.

Any account balance must be resolved prior to any additional services being performed.

COLLECTION FEES: I understand that I have 90 days to pay any unpaid balance and if not paid in full, my account will be sent to collections. In the event my account is placed in collection status, I will be obligated to pay the list price (minus any payments made) in addition to a 25% collection fee. If payment is not made to the collection agency and suit is filed, I will be responsible for any court and attorney fees, in addition to the 25% collection fee.

In the event of a return check, a \$35.00 charge will be assessed.

By signing this document, I acknowledge that I have received this information, read and understand its contents.

Printed Name

Signature

Date