

Name:

Chart:

Date:

NEUROSCIENCE CONSULTANTS, PLC

1420 Beverly Road, Suite 347, McLean, VA 22101-3730
Phone: 703.478.0440 | Fax 571.282.4202 | www.nscplc.com

ADULT NEUROLOGY

Jon D. Peters, MD | Ruben Cintron, MD

PATIENT RESPONSIBILITIES

1. Notify us of any changes in your address or insurance information at the time of change.
2. It is in your best interest to know your insurance policy. If a referral from your primary care physician is required, it is your responsibility to provide a currently dated referral at the time of your appointment. We cannot obtain a referral for you. If you arrive without a referral you may be asked to reschedule your appointment.
3. Your doctor may order tests that are medically necessary. It is your responsibility to contact your insurance company to determine the facilities you can use and if pre-authorization is necessary. You will need to call our nurse line to advise if pre-authorization is required. If a follow-up appointment is scheduled, please bring your films and test results with you to your appointment.
4. If you are late to your appointment, you may be asked to reschedule. It is your doctor's discretion on whether or not you will be seen.
5. Co-payments must be made at the time services are rendered.
6. Pay your bill promptly. If there is a financial hardship or billing questions, please call 1-703-858-7025, option #3. There is a \$35.00 fee on all returned checks.
7. Medical record requests and medical form completion: SHARECARE is contracted by Neuroscience to copy our records and complete medical forms. A release form must be signed regarding any medical records or form requests. Prepayment of \$25.00 is required before medical forms are filled out. If you are requesting medical records, an invoice will be sent to you, which must be paid before you receive your records. Payments must be in the form of a check or money order only. SHARECARE will mail records or forms on receipt of payment. It will take 10-14 days for your request to be processed.
8. Unless otherwise stipulated by your physician, please wait one week after your test before calling for your results. This ensures that final results are available in the office. Please keep in mind that some tests require more than one week for results to arrive in our office. Your doctor may ask you to schedule a follow-up appointment to discuss test results.
9. When requesting a prescription refill, we require 48 hours from the time of your request to process your refill. Please make sure you return for any follow-up appointments in the timeframe stipulated by your physician. Prescriptions for narcotic and stimulant medications are not mailed and must be picked up at the front desk from 9:00am to 5:00pm Monday through Thursday and from 9:00am to 1:00pm on Fridays. Narcotics medications will not be prescribed by the on-call physician after business hours.
10. Please do not leave non-urgent messages on the after-hours line for the on-call doctor. This line is for emergencies ONLY.
11. Some MRI facilities provide pre-authorization services for our practice as a courtesy. Please note that we may need to send your necessary information to those facilities to obtain the pre-authorization.

I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES:

PATIENT SIGNATURE: _____

DATE: _____

Adult Neurology

www.viginianeurologists.com

More data is available regarding this visit and can be made available upon request