

# NEUROSCIENCE CONSULTANTS, PLC

12007 Sunrise Valley Drive, Suite 120 | Reston, VA 201091-3460

1420 Beverly Road, Suite 347 | McLean, VA 22101-3730

Office: 703.478.0440 | Fax, Reston Location: 703.742.9210 | Fax, McLean Location: 571.282.4715 | [www.nscplc.com](http://www.nscplc.com)

Jon D. Peters, MD Ruben Cintron, MD Morgane Morris, FNP

## PATIENT RESPONSIBILITIES

1. We must be notified of any changes in your address of insurance information at the time of change.
2. It is in your best interest to know your insurance policy and coverage details. 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 or pay in full via Self-Pay.
3. Your doctor may order tests that are medically necessary. It is your responsibility to contact your insurance company to determine facilities you can use and if pre-authorization is necessary. 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 up to your doctor's discretion on whether you will be seen.
5. Payment for any unmet deductible, co-insurance, co-payment, or non-covered charges must be made at the time of services rendered. If payments are not made, you will receive a bill via mail of any outstanding charges.
6. Pay your bill promptly. If there is a financial hardship or billing question, please call 703-858-7025, option #3. There is a \$35.00 fee on all returned checks.
7. Medical record requests and medical form completion is completed via SHARECARE, a contracted company by Neuroscience Consultants, PLC. A release form must be signed regarding many 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, all test results must be reviewed in-office with your physician.

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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. Controlled substances (stimulants, narcotics, etc) 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 emergency use 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.

***BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE RECEIVED THIS INFORMATION, READ AND UNDERSTAND ITS CONTENTS. MY SIGNATURE ON THIS DOCUMENT IS VALID FOR 1 CALENDAR YEAR AND COVERS ALL SERVICES RENDERED WITHIN THAT YEAR. ANY MODIFICATIONS/ALTERATIONS TO THIS DOCUMENT ARE NULL AND VOID.***

PATIENT NAME: \_\_\_\_\_

SIGNATURE OF PATIENT/REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_