

PEDIATRIC NEUROLOGY OF DALLAS

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Credit Policy

All services rendered by this association are charged directly to the patient. As a courtesy we will file your insurance claims at no charge and credit their payment to your account. Unless we are contracted with your insurance carrier as a participating provider to accept what they approve, your deductible or the percentage not covered by the carrier is due at the time of service. Managed care co-pays are due at the time of service.

If you do not have insurance, payment is due in full at time of service.

Payment of your charges is ultimately your responsibility and you as the patient agree to comply with our policy.

Fee Disclosure Acknowledgement

We will make available our fee schedule for medical procedures upon request. Most fees are for office and/or hospital procedures. However, fees will also be incurred when you request special services in addition to your regular services. **Fees not covered by your insurance plan.** The following is a brief, non-comprehensive listing of such services:

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| 1) Telephone Conferences | \$25.00 – first 15 minutes
\$ 1.00 – each add'l minute |
| 2) Records processed for transfer | \$35.00 and up |
| 3) Returns checks (NSF, etc.) | \$25.00 |
| 4) Form completion or written prescriptions for employer or school | \$10.00 – \$30.00 |
| 5) Replacement of lost or expired prescriptions | \$10.00 |
| 6) Processing triplicate prescriptions | \$15.00, \$25.00 same day |
| 7) Time expended for unusually complicated collections | (Pro-rated for time spent) |
| 8) Cancel less than 24-hour notice | \$150.00 |

Signature _____ Date _____