

Mobility Screen and Policies

Mobility Questions As we have a two-story building, please answer the following questions:

1. Are you or anyone who will be coming with you using a wheelchair? **Yes or No**
2. Do you have any difficulty going upstairs or walking more than a short distance? **Yes or No**
3. Do you use a cane or walker? **Yes or No**
4. Do you have a recent history of falling? **Yes or No**
5. Do you use an oxygen tank, supplemental oxygen, or have COPD, congestive heart failure, or do you easily become short of breath? **Yes or No**

Please call us if any of this changes prior to the appointment so that we can make appropriate arrangements.

Scent Policy

We request that you refrain from using or wearing strongly scented products such as cologne and hairspray in our office.

Tobacco Policy

Smoking and use of 'e-cigarettes' is not permitted on the property, including in vehicles. If you are concerned about how to manage this while coming in for services, please call us to plan.

Cancellation Policy for testing day

In most cases, we have reserved many hours of staff time for your appointment. If you need to cancel your appointment, we request a 48-hour business day notice or there may be up to a \$600 fee that insurance does not cover. This policy is needed to avoid last-minute cancellations, allowing us to schedule another patient. (If you call and have to leave a message and do not hear back from us to confirm, please call again to confirm our receipt of the message.) If you are injured or ill, please call to discuss the best course of action.

Estimated Costs:

If we participate with your insurance, we will provide you with an estimate for what we expect your services to cost. Please note that this is an estimate only based upon information provided from the insurance company to us and our best estimate for the time your services will require. We cannot guarantee that this is how they will ultimately process the claim or that this is definitely the number of hours that will be required for your services, with neuropsychological services being billed to insurance per hour/unit. If you request it, we will provide minimum and maximum hours that we would expect. Ultimately it is the patient's responsibility to cover the cost of the appointment if insurance companies deny payment or pay at a different level than the quoted benefits. Therefore, we encourage you to contact your insurance company to verify coverage, deductible information and out-of-pocket information. The billing codes we use are 96116, 96118 and 96119. Please feel free to contact our office with any questions or clarification. Thank you.

By signing below, I indicate understanding of these policies and that the information provided by me is accurate.

Signature: _____ Date: _____

Printed Name: _____