

THE TRUONG NEUROSCIENCE INSTITUTE

D.B.A THE PARKINSONS & MOVEMENT DISORDER MEDICAL GROUP

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Specializing In: Parkinsonism Myoclonus Chorea Tourette Syndrome Spasmodic Torticollis
Blepharospasm Tardive Dyskinesia Tremors Dystonia Restless Leg Syndrome Spasmodic Dysphonia

Dear Patient:

Our billing department will bill all claims for services rendered as a courtesy. The following are the established guidelines that will be followed in resolving your claim.

1. **Private Pay:** Patients having no insurance must make suitable arrangements (including deposit at time of service) and resolve the account with payment in full within thirty (30) days.

Pt's Initials _____

2. **Commercial/ PPO/EPO/ POS Ins:** Any co-payments, coinsurances, deductibles, non-covered services or amounts in excess of lifetime maximum are due and payable within thirty (30) days from initial billing date.

Pt's Initials _____

3. **HMO Ins:** Any co-payments, non-covered services or amounts of lifetime maximum benefits are due and payable at time of service with full balance due and payable based upon the contractual agreement of the individual carrier.

Pt's Initials _____

4. **Other Fed. State/Local:** Any co-payments, deductibles, Share of Cost (SOC) or non-covered services are due and payable at time of service with entire balance due and payable within thirty (30) days from initial billing.

Pt's Initials _____

5. **Medicare:** Any deductibles or non-covered services are due and payable at time of service with the entire balance due and payable within thirty (30) days from initial billing.

Pt's Initials _____

Patients not confirming prior authorization and/or requesting services when authorization has been denied or has not been obtained will be billed as a private pay account and must adhere to the guidelines stated above in the Private Pay section.

Accounts not resolved within forty-five (45) days may be referred to an outside agency for further follow up, reported to the local credit-reporting bureau, and may result in legal proceedings. Please call us at (714) 378-5024 to make payment arrangements.

My signature below acknowledges that I understand my financial responsibility.

Patient/Guarantor Signature

Date

Office: 9940 Talbert Ave., # 204 Fountain Valley, CA 92708 (714) 378-5062 FAX: (714) 378-5061
 3745 Long Beach Blvd. # 100 Long Beach, CA 90807 (714) 378-5062 FAX: (714) 378-5061
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