



NORTHEAST NEUROPSYCHOLOGY_{LLC}
BRAIN & BEHAVIORAL HEALTH PARTNERS

Effective January 25, 2022

Therapy Cancellation/No-Show Policy

When you must cancel, please provide at least 24 hours' notice. If you are unable to provide at least 24 hours' notice when you cancel, or if you miss your appointment altogether, you will be charged a ***\$100 cancellation/no-show fee***. Insurance companies do not reimburse for missed appointments.

Therapy Billing/Payment Policy

Verification of benefits is not a guarantee of payment, and it is your responsibility to call the customer service number on the back of your insurance card to have a full understanding of what services are covered. It is also your responsibility to notify Northeast Neuropsychology of any insurance changes. Failure to do so could result in a claim denial and, therefore, payment for services would be your responsibility.

Co-payments, in the form of a check, cash or credit card on file must be made at the time of service. **Northeast Neuropsychology requires a credit card on file for all clients; for those with a deductible and/or co-insurance as well as for Cancellation/No-Show Fees.** Your credit card information will be stored securely in our electronic medical record and will be charged at the time of visit, or when your explanation of benefits is processed.

By signing this document, you agree to pay all outstanding fees associated with your account.

My signature below means that I understand and agree with all of the policies listed above.

Patient Signature

Date

Print Name

Parent/Guardian Signature
(If patient is a minor)

Date

Print Name

Cheshire Office: 609 West Johnson Avenue, Suite 104 • Cheshire, Connecticut 06410
Farmington Office: 231 Farmington Avenue, 3rd Floor • Farmington, Connecticut 06032
Phone: (203) 272-6007 • **Fax:** (203) 272-8895 • www.NENEUROPSYCH.com