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GUARANTEE OF PAYMENT AND ASSIGNMENT OF INSURANCE BENEFITS

For value received, the undersigned guarantor and/or client (hereinafter the "Responsible Party") promises to pay to David S. Geiser, Ph.D., P.A. (hereinafter the "P.A.") all charges incurred for services rendered to the Responsible Party. The Responsible Party understands that the P.A. will process the paperwork to complete insurance claim(s) but only as a courtesy to the Responsible Party, and the Responsible Party authorizes the P.A. to release any and all medical information necessary to complete insurance claim(s) and assigns any monies due and owing under the insurance contract to the P.A. We do not guarantee, however, that each service will be covered or what percentage will be covered. **It is understood and agreed that the Responsible Party is responsible for all monies due and owing for services rendered by the P.A. in the event insurance does not pay for these services.** It is acknowledged that the ultimate completing and following-up of any insurance claims is the responsibility of the Responsible Party.

The Responsible Party authorizes use of this form on all insurance claim submissions. **Your co-pays and/or insurance deductible payments are expected at the time of service.** Clients not using insurance or who have insurance that the P.A. does not accept, will be required to pay fees at the time services are rendered. The Responsible Party agrees to be bound by the terms and conditions of this account with the P.A.

A minimum of 24 hours business days notice is required for cancellation of appointments. If this notice is not received, the Responsible Party may be charged a **late cancellation/no-show fee of \$85.00 for each hour scheduled.** Insurance will not be billed for missed/canceled appointments. Failure to pay the missed appointment fees on a timely basis may result in termination of further (neuro)psychological services.

The Responsible Party bears ultimate financial responsibility for all services rendered to the Patient/Responsible Party, including Workers Compensation claims and personal injury cases, regardless of the outcome of litigation. The P.A. will not wait on the outcome of pending litigation for payment. The P.A. will not accept contingency fee arrangements. In the event there is a remaining balance due at the time of any settlement, the Responsible Party hereby authorizes their attorney to clear the Responsible Party's outstanding account(s).

Responding to Forensic/Medical-legal requests, conferences and telephone calls with attorneys involve additional time and record-keeping. The Responsible Party is responsible for all direct costs and expenses associated with the P.A. and its attorneys responding to discovery requests (including depositions and subpoena duces tecum time and labor costs) and with conferences including, but not limited to court appearances, preparation of reports, photocopying, faxes, long distance telephone calls, out of office travel, overnight delivery and courier services. These expenses are billed to the Responsible Party and the Responsible Party's Attorney and are expected to be paid within sixty (30) days.

NOTE: Testing includes time for (1) administering and (2) scoring the tests, and (3) preparing the report. In non-forensic / medical-legal cases this will typically add 1-3 hours to the actual testing time, depending on the amount of assessment required. Forensic / medical-legal evaluations require even more additional time and may include records review, research, and consultation with attorneys. In certain cases, not limited only to forensic or medical-legal cases, more comprehensive and time-consuming assessment may be necessary than what may be approved or allowed under your insurance plan. The Responsible Party, as noted below, accepts responsibility for these additional charges that extend beyond the insurance-approved amounts.

_____ Signature of Responsible Party	_____ Date	_____ Relationship to client (if Necessary)
_____ Printed Name	_____ Witness	_____ Date