

Long Island Neurocare Therapy, PLLC
Richard Pitch, MD - Medical Director



Long Island Neurocare Therapy

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PAYMENT POLICY

Long Island Neurocare Therapy, PLLC will retain your credit card information on file. If applicable, we will bill your credit card for your copay or co-insurance at the end of each week for those TMS treatment sessions which occurred during that week.

Policy regarding Insurance payments:

Our agreement with your insurance company states that all insurance payments for your treatment sessions are to be sent to Long Island Neurocare Therapy.

In the event your insurance company sends the payment directly to you, you are responsible for remitting that payment to us. You will need to bring the checks and associated Explanation of Benefits (EOB) into the office and sign the checks over to Long Island Neurocare Therapy.

By signing this agreement, you acknowledge that you are responsible for payment to Long Island Neurocare Therapy for any insurance checks sent directly to you. If you do not bring in the checks or submit payment to us, we reserve the right to bill your credit card for all insurance payments due us.

I, _____, agree that I am responsible for remitting to Long Island Neurocare Therapy all insurance payments made directly to me for TMS treatment sessions.

If I do not bring the insurance checks and EOBs into the office or remit payment covering those checks, I authorize Long Island Neurocare Therapy to charge the credit card on file for the full amount of the insurance payment.

Patient Signature

Date

Witness: Long Island Neurocare Therapy