

WELCOME TO THE PALM BEACH NEUROLOGICAL CENTER

**MICHAEL M. TUCHMAN, M.D., FAAN
LISA-LEIGH CIARAVINO, APRN, NP-C
3355 BURNS ROAD, SUITE 201
PALM BEACH GARDENS, FL. 33410**

AUTHORIZATION FOR TREATMENT/FINANCIAL AGREEMENT

I, hereby authorize **Palm Beach Neurological Center** to furnish Medicare, my/the patient's insurance company, attorney or any representative thereof, with any and all information requested regarding my/the patient's past and present physical condition and treatment.

I authorize the provider in charge of my/the patient's care to administer such medical care deemed advisable in my/the patient's diagnosis and treatment.

I authorize my/the patient's insurance company, attorney or Medicare to pay directly to the Palm Beach Neurological Center any medical and/or surgical expenses payable under the terms of my/the patient's contract. I also agree that any balance not covered will be paid by me/the patient and photocopies of this form will be valid. I agree that should this account be referred to an agency or attorney for collection, I/the patient will be responsible for all collection costs, attorney's fees and court costs.

NO-SHOW/MISSED APPOINTMENTS WITH DR. MICHAEL M. TUCHMAN, LISA-LEIGH CIARAVINO, NP, OR ANY OTHER APPOINTMENTS IN OUR OFFICE ARE SUBJECT TO A \$100.00 FEE. THIS FEE IS NOT COVERED BY INSURANCE.

NEW PATIENTS THAT NO-SHOW/MISSED APPOINTMENT ARE SUBJECT TO A \$150.00 FEE. THIS FEE IS NOT COVERED BY INSURANCE.

NO-SHOW/MISSED APPOINTMENTS WITH OUR NEUROPSYCHOLOGIST ARE SUBJECTED TO A \$100.00 FEE.

I UNDERSTAND AND ACCEPT THAT DR. MICHAEL M. TUCHMAN AND LISA-LEIGH CIARAVINO, NP PROVIDE CONSULTATION AND CLINICAL CARE IN OFFICE DURING REGULAR OFFICE HOURS. THEY DO NOT PROVIDE HOSPITAL CARE AND ARE NOT AVAILABLE FOR EMERGENCIES ON NIGHTS, WEEKENDS, OR HOLIDAYS.

IN THE EVENT OF ANY EMERGENCY, I AM TO CALL 911 FOR ASSISTANCE.

I AGREE TO THE POLICIES OF THE PALM BEACH NEUROLOGICAL CENTER AND WISH TO BE SEEN.

SIGNATURE OF PATIENT

DATE

POWER OF ATTORNEY/PLEASE SIGN AND PRINT NAME

DATE

WITNESS

DATE

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED. THANK YOU