

**PEDIATRIC INSTITUTE FOR EPILEPSY
AND NEUROLOGICAL DISORDERS**

Rashmi Gupta, M.D.
Pediatric Neurologist

29592 Northwestern Hwy.
Southfield, Michigan 48034

Tel: (248) 354-0967
Fax: (248) 354-6614

FINANCIAL AGREEMENT FOR OFFICE

Parents/Patients are expected to pay for **all copayments and deductibles** for services rendered at the beginning of each visit, unless other arrangements have been made in advance with the office manager. If you do not have insurance, the initial visit is \$150.00 and follow-up visits are \$75.00 and are due at the time of your visit. We accept cash, checks, Visa and Mastercard for payments.

It is your responsibility to verify the specifics of your coverage, including copays, deductibles, referrals and any need for pre-authorizations for your visit and/or EEG testing.

OFFICE VISIT CANCELLATIONS

Since scheduling of an appointment involves the reservation of time specifically for your child a **minimum of 24 hours** (1 day) notice is required for rescheduling or canceling an appointment. If you do not show and do not call, you will be charged \$25.00.

EEG CANCELLATIONS

Since scheduling of an appointment involves the reservation of time specifically for your child a **minimum of 48 hours** (2 days) notice is required for rescheduling or canceling an EEG appointment. If you do not show and do not call, you will be charged \$100.00.

By signing below, I am agreeing to assume **ALL** financial responsibility for charges associated with my visit(s) to Dr. Rashmi Gupta's office. I am totally responsible for what my insurance carrier does not cover.

Signature of Parent/Legal Guardian/Patient

Date

Child's Name

Child's Date of Birth