Antonio E. Puente, Ph.D.
Payment Policy

CANCELLATION: minimum of 48 hours' notice is required for cancellation of appointments. If this notice is not received, you may be charged for the full amount of time which was reserved for your appointment. This may include legal fees associated with subpoenas, depositions, and other court-related activities. Insurance can not be billed for missed/cancelled appointments.

COPAY: Your copay is expected at the time of service.

INSURANCE FILING & COVERAGE: We will file your initial insurance claim(s) and provide documentation necessary for insurance reimbursement. We do not, however, guarantee that each service will be covered or what percentage will be covered. You may incur extra charges for refiling of insurance claims.

PAYMENT: In the event your insurance does not cover our services (or any portion thereof), we will work with you regarding payment (e.g., setting up a payment plan). We expect full payment within thirty (30) days of the date of service. The undersigned hereby agrees that interest at 12% per annum may be due and owing on this account and said interest may begin thirty (30) days after the principal is due. You bear ultimate financial responsibility for all services rendered to you, including workers' compensation claim's and personal injury cases, regardless of the outcome of litigation. In the event that coverage is denied under workers' compensation, you will pay any unpaid balance, notwithstanding any appeal of such denial. With respect to personal injury cases, you are responsible for fees incurred, we may not be able to seek payment from third parties, and we cannot wait on the outcome of pending litigation for payments. We do not accept contingency fee arrangements. If there is any remaining balance(s) due at the time of settlement, you hereby authorize your attorney to clear your outstanding accounts. Your signature also constitutes your irrevocable agreement to a waiver permitting payment of health insurance claims directly to Antonio E. Puente, Ph.D. prior to claimant receiving such funds.

FORENSIC CASES: Responding to discovery requests, conferences and phone calls with attorneys involve additional time and recordkeeping. Additionally, Patient (or Responsible Party) is responsible for all direct costs and expenses associated with Antonio E. Puente, Ph.D. and its attorney responding to discovery requests (including depositions) and with these conferences including, but not limited to, court appearances, preparation of reports, photocopying, faxes, travel long distance telephone, overnight delivery and courier services. These expenses are billed to Patient (or Responsible Party) and to patient's attorney. Patient (or Responsible Party), however, remains primarily responsible for payment of these charges if not paid in full within 60 days.

NOTE: Testing includes time for (1) selection of tests (2) administering of tests (3) scoring the tests, (4) discussion of the results (feedback). In certain cases (such as, but not limited to, medical-legal cases), a more comprehensive and time-consuming assessment may be needed than what may be approved under your insurance plan. The responsible party as noted below accepts responsibility for these charges.

GUARANTEE OF PAYMENT AND ASSIGNMENT OF INSURANCE BENEFITS: For value received, the undersigned guarantor and/or patient (hereinafter "the Undersigned") promises to pay to Antonio E. Puente, Ph.D. (hereinafter "Provider") all charges incurred for services rendered to the Undersigned. The Undersigned understands that Provider will process the paperwork to complete insurance claim(s) but only as a courtesy to the Undersigned, and the Undersigned authorizes Provider 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 said Provider. It is, however, understood and agreed that the Undersigned is responsible for all monies due and owing for services rendered by Provider 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 Undersigned. It is further agreed by the Undersigned that if, in the event any monies received by Provider from the insurance carrier are at any time after their receipt withdrawn from Provider by the insurance carrier, the Undersigned will be responsible for those monies then due and owing, and waives any defense for payment the Undersigned may have against Provider. In the event this account is turned over to an attorney for collection, the Undersigned hereby agrees to pay all costs of collection, not limited to court costs but including reasonable attorney's fees. The undersigned authorizes use of this form on all insurance claim submissions. Release of records to referral sources is also authorized.

If you have any questions, please speak with our Office Manager, or Dr. Puente. Your signature indicates that you have read the above and agree to the terms contained therein. These agreements are irrevocable.

Patient Signature_________________________ Witness_________________________ Date________