Neuropsychological Services of Virginia, Inc.
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Provider/Supplier Notice to Beneficiary Regarding Service(s) That Are Likely to Be Denied Payment by Your Insurance Carrier as "Not Reasonable and Necessary"

Physician/Psychologist/Supplier Notice to Beneficiary:

Your insurance company: ________________________________ will pay only for services that it determines to be "reasonable and necessary" under their contract with you/the enrolled individual and Dr. Peck/Neuropsychological Services of Virginia. If your insurance company determines that a particular service, is "not reasonable and necessary" or viewed as a covered service or lead to a covered diagnosis, your insurances company will deny payment for that service. I believe that your insurance company is likely to deny payment for the following services(s) for the reason(s) noted below:

Description of Service(s): ____

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Anticipated Reason(s) for Insurance Company Denial: ____________________________________

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____________________________________ ____________________
Provider's Signature Date

Beneficiary's Acknowledgment and Agreement to Pay:

I have been notified by my physician/psychologist/supplier that he or she believes that, in my case, my insurance company is likely to deny payment for the services identified above, for the reasons stated. If my insurance company denies payment, I agree to be personally and fully responsible for payment.

____________________________________ ____________________
Beneficiary's Signature Date

____________________________________ ____________________
Witness Date