

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 insurance 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): _____

Anticipated Reason(s) for Insurance Company Denial: _____

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