Sycamore Springs
Alpine
HEALTH

Advanced Beneficiary Notice
Neuropsychological Testing

Note: You may need to make a choice about receiving some of your health care services.

It is possible your insurance will not preauthorize or pay all services. The fact that your insurance may not pay for a particular service does not mean that you should not receive it.

By signing below, I agree to be personally and fully responsible for payment. My insurance will be billed and their payment will be expected within 60 days. I understand that I can appeal any decision my insurance makes.

_____ _____

Signature of patient or guarantor Date