

ACKNOWLEDGEMENT OF FEES

The following agreement is intended to provide transparency regarding the Shankle Clinic’s fees and help avoid misunderstandings. If you have any questions or concerns, please bring those up with our staff during your next appointment, or contact our offices via phone or email:

Phone: (949) 478-8858
 Email: info@shankleclinic.com

Shankle Clinic is a participating provider for most major insurance carriers. Patients who plan to use insurance should contact our offices to verify that the patient’s plan is covered.

The following fees and services are subject to change without notice.

MEDICAL MEMBERSHIP PROGRAM FEES

Annual Membership Fee (Initial Term)	\$750.00
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Payable as one annual payment (\$750.00) or two semi-annual payments (\$375.00 each)

All patients who receiving care from Shankle Clinic must join the Clinic’s Medical Membership Program and pay the program’s annual fee. This fee will not be billed to any insurance providers and is solely the responsibility of the patient and/or responsible party. Patients may elect to pay the annual fee on an annual or on a semi-annual basis. More information about the Program (including program services, fees, and payment options) can be found in the Medical Membership Program Agreement.

INITIAL CONSULTATION FEES

Initial Neurological Evaluation	\$750.00
Brief Neuropsychological Assessment	\$250.00

The initial consultation includes a neurological evaluation based on the patient's history and conditions. Based on our review of the forms submitted by the patient, our clinical team will determine what type of consultation(s) is/are necessary.

FOLLOW-UP VISIT FEES

Follow-up Visit	\$500.00
Brief Neuropsychological Assessment	\$250.00

Follow up visits are necessary for the physician and physician extenders to re-evaluate and make any adjustments to treatment that may be necessary. Any appointment scheduled after the initial consultation will be considered as a follow-up visit. The frequency of these visits will vary based off medical necessity determined by the provider(s). Once a patient is stabilized on treatment, visits will typically be scheduled every 4-to-6 months.

MISCELLANEOUS FEES

Missed Appointment or Late Cancellation	\$100.00
Returned Check Fee	\$25.00

Missed Appointment or Cancellation: Due to the high volume of patients seen by Shankle Clinic, patients must cancel or reschedule appointments at least 48 hours in advance of the original appointment. Patients who fail to do so may be charged the cancellation fee specified above.

There is a \$500.00 fee for a cancellation of appointment during evaluation. This fee applies if a patient and/or responsible party checks into an appointment and walks out before the visit has been completed. This charge is not covered by Medicare or insurance and is solely the responsibility of the patient and/or the responsible party.

Returned Checks: All returned personal checks are subject to \$25.00 fee, which will be the responsibility of the patient and/or the responsible party.

I have read and understand the above fee information, and I agree to these terms. I hereby grant perpetual authorization for payment of insurance benefits to be made directly to Shankle Clinic, or any affiliated physicians, for services rendered. I understand that I am financially responsible for all charges, regardless of whether those charges are covered by insurance. In the event of default, I agree to pay all costs of collection, and reasonable attorney's fees. I hereby authorize this healthcare provider to release all information necessary, including medical information, to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Patient Name (Print)

Patient Signature

Date