## Neurodiagnostics Inc., D/B/A Lexington Diagnostic Center 1725 Harrodsburg Rd. Suite 100 Lexington, Kentucky 40504

\_\_\_\_ (patient or parent/legal guardian of patient), give

Neurodiagnostics Inc., D/B/A Lexington Diagnostic Center (LDC) permission to bill \_\_\_\_\_\_\_\_\_\_'s (patient) insurance, workers' compensation, motor vehicle insurance and/or attorney for today's services.

I understand that it is my responsibility to make sure that all insurance company requirements are met, such as obtaining a written referral, notification or preauthorization. I understand that if I fail to complete any of these requirements, my insurance may deny or reduce my benefits. I understand that any denial or reduction of benefits will result in additional payment responsibility from me.

I understand that LDC will attempt to collect funds for the benefit of me (or the patient) from the insurance company. However, in the event the insurance company (except workers' compensation) delays payment for longer than 45 days, LDC will expect payment from me, even if I have insurance coverage or if any other person or entity will ultimately pay for the patient's services.

I understand that I am ultimately responsible for this bill.

If this is a workers' compensation claim and the claim for today's services is denied for any reason, I am financially responsible for today's services.

I irrevocably assign LDC, its successors and assigns, all benefits payable to me (or the patient) from my health insurance, workers' compensation, motor vehicle insurance and/or attorney for today's services. This assignment does not release me from my responsibility to pay LDC as I have agreed.

Printed name of patient or patient's representative	Relationship of Representative to Patient
Signature of Patient or Patient's Representative	Date
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LDC will provide your referring doctor with the report any additional physicians or other treating providers t test.	• •
Full name of physician or other treating providers Add	dress, City, State, Zip
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Reception use only:	
Please list comparison images and dates:	Reception Initials

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