



Be Mobile Neurology

Be Mobile Neurology, LLC

813-981-4403

Fax 813-852-6830

3903 Northdale Blvd Suite 100E

Tampa, FL 33624

Patient's Agreement to Remit Payment for Services

I understand I will be responsible for all charges related to the services provided to me by Be Mobile Neurology, LLC and/or Dr. Deborah Boland, DO ("Physician").

I understand appointments will not be scheduled until the Agreement to Remit Payment for Services has been received by Be Mobile Neurology, LLC. I further understand that the charges presented to me are due in full at the time of service. I also understand that such charges are solely in relation to professional medical services provided by the Physician.

I will be responsible for all fees billed to me separately from pharmacies to the extent not covered by a third party payor with which I have an existing agreement for such coverage. I acknowledge and agree neither Be Mobile Neurology, LLC and/or Physician are a party to or third-party beneficiary of such contract.

The only services included in this Agreement are those to be provided by Be Mobile Neurology, LLC and/or Physician. Any and all other medical services I require and/or receive, (including, but not limited to: therapies, labs, X-rays, MRI's, CT's, etc.) are excluded from this Agreement, and I will be billed separately for these services by the hospital, facility, medical office, or entity providing such services.

The appointments, sessions, and services I receive from Be Mobile Neurology, LLC and/or Physician will be paid in full by cash, check debit card or credit card at the time of my appointment. If I fail to remit payment at the time of my visit, the credit card information provided below will be used for payment, and will also be used for cancellation fees, no-show fees, phone consultations and other administrative fees and services I receive from Be Mobile Neurology, LLC and/or Physician unless I provide another form of payment. It is my responsibility to inform Be Mobile Neurology, LLC of any payment information changes I need to make. I understand as part of the agreement, I must maintain a valid credit card on file with Be Mobile Neurology, LLC. I understand and agree to comply with Be Mobile Neurology's guidelines for treatment and applicable policies, and authorize Be Mobile Neurology to charge the credit card listed below for all services rendered by Be Mobile Neurology, LLC and/or Physician, to include those appointments I cancel or am not present for in violation of the terms and conditions of services, as the same have been explained to me and copies of which have been provided in writing.

In addition I understand Be Mobile Neurology will charge my credit card \$25 for any insufficient fund check fees.



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I have read and understand the foregoing, as well as the Be Mobile Neurology Fee Schedule attached hereto as Attachment 1, and by my signature below agree to be bound by the terms contained in each document.

Please Check Applicable Box

- Patient
- Party responsible for payment other than the patient

I consent to Be Mobile Neurology's billing and payment policy and take responsibility for the bill. I understand this card will be charged for services or for scheduled appointments missed without twenty-four (24) hours advance cancellation notice to Be Mobile Neurology, LLC.

Patient Name: _____ Patient DOB _____

Party Responsible for Payment (if other than patient): _____

Credit Card Type: Visa MasterCard AMEX Discover Other _____

Name on Card: _____

Credit Card #: _____ Exp. Date: ____/____ CSV: _____

Cardholder's Contact and Billing Information:

Street Address: _____ Suite/Apt. No. _____

City: _____ State: _____ Zip Code: _____

Billing Address Phone: _____ Alternate Phone: _____

Email Address: _____

Signature of party responsible for payment: _____

Date: _____

Please sign and submit this form prior to scheduling your initial consultation

Attachment 1

Fees: You agree to pay Be Mobile Neurology, LLC an initial consultation fee of three hundred dollars (\$300.00) per hour, billed in half-hour increments for in-person neurology consultations.

If you have provided prior written consent, Dr. Boland, on behalf of Be Mobile Neurology, LLC will be available for one (1) follow up telephone consultation of fifteen (15) minutes or less to discuss any follow up questions or concerns with your designee (e.g. family member or caregiver not present for your consultation), and will email a written summary of the services provided during each consultation directly to you and/or one physician of your choosing at no additional charge.

So long as a subsequent appointment is scheduled, Dr. Boland, on behalf of Be Mobile Neurology, LLC, will be available for one (1) follow up telephone consultation of ten (10) minutes or less to discuss any new questions or concerns with you, in addition to unlimited correspondence via email.

Subsequent established patient visits will be billed as per the current fee schedule, which has been provided.

After three (3) in-person neurology visits, including the initial consultation, you may have the option of scheduling a telephone consultation in lieu of an in-person consultation, each such telephone consultation shall be billed in twenty (20) or thirty (30) minute increments, as applicable, at a rate of two dollars (\$2.00) per minute. This is available one time in between an in-person visit.

Family member or caregiver phone calls beyond the initial fifteen (15) minutes or less will be billed at the above phone consultation rate of two dollars (\$2.00) per minute in ten (10), twenty (20) or thirty (30) minute increments.

Third-Party Communications Policy: Dr. Boland will be available for phone calls and/or emails from your treating physician(s) to assist as necessary by providing information regarding medical care you received through Be Mobile Neurology, LLC. You must provide prior written consent for all third party communications.

Cancellation/Refund Policy: Cancellations or appointment changes made at least twenty-four (24) hours in advance allows our team the opportunity to accommodate other patients and will be greatly appreciated. Cancellations or appointment changes made with less than twenty-four (24) hours notice will be subject to a charge of fifty percent (50%) of the fee for the scheduled visit. No-show reservations are subject to a cancellation fee of one hundred percent (100%) of the fee for the scheduled visit.

Late Arrival Policy: To ensure the promptness of all appointments, Be Mobile Neurology, LLC reserves the right to consider your appointment a cancellation when you are not present within fifteen (15) minutes after the scheduled start time.

Refunds Policy: Due to the artistic and intangible nature of what we do, we cannot offer refunds on services performed. However, we will work to ensure you are satisfied.

Forms of Payment Accepted by Be Mobile Neurology, LLC include Visa, MasterCard, Discover, American Express, Health Savings Account Debit/Credit cards, check, and cash for payment of services.

