



# Child and Adolescent Neurology Consultants

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## Welcome to Child and Adolescent Neurology!

We welcome you to our office and appreciate the opportunity to provide you with medical services. We strive to provide the highest quality care to our patients with compassion and integrity.

### Patient Information:

It is your responsibility to update us of your current address, phone number and insurance changes. You must have your current insurance card at the time of visit. We participate with most major insurance carriers and HMOs.

Health and accident policies are an arrangement between you and your health plan. It is the patient's responsibility (or the parent if the patient is a minor) to know the requirements of your particular policy and benefits, as well as participating facilities you are allowed to use in order to receive the best possible service. We will make every attempt to estimate your out of pocket costs. But, it's ultimately your responsibility to be aware of benefits and covered services.

### Fees and Payments:

You are responsible for the payment of deductibles, co-payments and any non-covered services. If your authorization or referral is denied by your health plan or HMO and if you wish to see the doctor you will be charged the full amount for the visit.

It is our policy to ask for payment at the time of your visit. For your convenience, we accept Visa, MasterCard, Cash and Checks.

**PLEASE BE PREPARED TO PAY FOR YOUR CO-PAYMENT, DEDUCTIBLE OR COINSURANCE AT THE TIME OF SERVICE.**

**REMEMBER THAT REGARDLESS OF INSURANCE COVERAGE, YOU ARE RESPONSIBLE FOR YOUR BILL.**

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Name of Responsible Party

\_\_\_\_\_  
Patients/Responsible Party Signature

\_\_\_\_\_  
Date