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WAIVER

Dear Patient:

A diagnostic procedure called the *Sensory Integration Test* is very beneficial in both diagnostic and therapeutic decisions made by the Doctor. This test will give the Doctor extremely valuable information about which of your sensory systems may be responsible for your neurosensory disorder, thus allowing you to receive more effective and precise treatment.

Most insurance carriers consider this procedure to be experimental. In our efforts to contain costs, we will avoid billing this particular test to those insurance companies. Thus, the patient pays a fee of \$200 at the time of service as the total patient responsibility for this procedure. On repeat testing, the fee for the test will be reduced to \$180, as it will require less time to perform since the patient will be familiar with the test instructions.

I have read the above information and I am aware that the fee must be paid at the time the service is provided.

Patient Signature

Date

Signature of patient's Authorized Guardian

Witness