



Brisman Associates in Neuropsychology, PLLC

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Payment Arrangements

Date: _____

Guarantor/Parent/Guardian of: _____ Patient DOB: ____/____/____

For professional services rendered. Copays and deductibles are due at the time of service. The arrangement is part of your contract with your insurance company. For forensic evaluations, full payment of bill is expected prior to release of final report.

We accept payment by cash, check, MasterCard, Visa, and American Express.

If you would like to make a payment via the telephone, please contact our main office at 860-707-2775.

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Type of credit card (select one): Visa MasterCard American Express

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