

**GOBINDER CHOPRA, MD**  
**NEUROLOGY**  
**PATIENT RESPONSIBILITIES**

Most Insurance companies require authorization for the testing ordered by our doctor. We will do everything possible to get the necessary authorization on your behalf. We frequently run into delays depending upon the complexity of the authorization process set up by the individual insurance requirements. Normally we allow two weeks to obtain authorization. Please remember that your insurance may have specific requirements and **ULTIMATELY**, it is your responsibility to communicate with your insurance company if the situation warrants.

As a patient, it is your responsibility to:

- \* Follow through with all test & visits for test results as ordered.
- \* Inform us immediately of any Insurance, address, phone number etc. changes.
- \* Obtain all results of test ordered and communicate with your doctor at follow up visits.
- \* Inform us immediately if you are experiencing any difficulties with your medications.
- \* Inform us immediately if your symptoms change or worsen.
- \* Make sure you do not run out of medication. Call 1 week before out of meds.
- \* Provide your Insurance company with any requested information.
- \* Pay all co-payments and deductibles at the time of your visit.

Your doctor cannot be responsible or held liable if you fail to follow through with test that have been ordered. Tests are ordered to help establish a specific diagnosis or rule out any serious disease processes, should they exist. You must complete the test ordered and follow up with the doctor to obtain test results. **WE DO NOT GIVE TEST RESULTS OVER THE PHONE.**

You, the patient, must actively participate in your care. Communication is vital in any doctor-patient relationship.

If your insurance company denies our request for diagnostic testing, we may be able to make arrangements so that you can complete the test as ordered.

By signing this form, you agree to assume your responsibilities as a patient, and have agreed to actively participate in your care and treatment.

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Patient Signature

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Date