



**Neurology Faculty**

Souvik Sen, MD, MS, MPH  
Chair

**General Neurology**

Te-Long Hwang, MD  
Davit Mrelashvili, MD  
James Selph, MD  
Souvik Sen, MD, MS, MPH

**Epilepsy**

James Selph, MD

**Multiple Sclerosis**

Davit Mrelashvili, MD

**Neuroimmunology**

Davit Mrelashvili, MD

**Neurophysiology**

Miroslav Cuturic, MD  
James Selph, MD

**Vascular Neurology**

Te-Long Hwang, MD  
Souvik Sen, MD, MS, MPH

To: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

We, at the **University Specialty Clinics**, would like to express our appreciation for your support to our faculty and staff and we hope that your experience with our clinics will be a pleasant one. In order for us to serve you better, we would like to ask that you keep us informed of any changes to your identifying information at all times. This would include addresses, phone numbers, place of employment and most importantly that we have the correct insurance on file and that we have copies of your insurance card(s) in the record. In the future as you arrive for your appointment, you may be asked to complete a new information sheet as well as be asked once again for your insurance card. We are aware that this can be frustrating at times but we hope that the end result will be better service provided to you.

As you are aware, **co-pays are due at the time of the appointment.** If you are not sure of the amount of your co-pay this information is usually printed on your insurance card), you may call your insurance company to verify this information prior to the appointment. If you are under a managed care policy, **please have your referring physician obtain authorization prior to your visit.** If you are under a percentage type policy (for example - 80/20%) you are responsible for paying that percentage of the allowable charge at the time of the visit unless you have already met your yearly deductible. **If you have not met your yearly deductible** you are responsible for paying the full amount of the allowable charge at the time of the visit. If you are unsure of the allowable amount or as to whether you have met your deductible, please contact your insurance company for that information prior to your visit. This also applies to any medical procedures done in the clinic (ie., botox injections). If you have any questions in regards to that we will be happy to assist you.

**If you are a self-pay patient, payment is due at the time of the visit** unless other arrangements are made prior to the visit.

We do understand that appointments may have to be cancelled or rescheduled for unpredicted circumstances. We do have a charge of **\$25 for non-cancellation of appointments.** which will be billed to your account unless you notify our office 24 hours in advance of the cancellation.

Once again, I would like to take this opportunity to thank you for your support and it is our desire to provide you with the utmost quality in medical care.

Sincerely,

Carol G. Crain  
Clinical Staff Supervisor

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