

RED FLAG CHECKLIST · NEUROLOGY

15 contract provisions that quietly cost you.

Data. Leverage. Fair pay.

Built for general and subspecialty neurologists · 2026

Neurology contracts bundle outpatient visits, call exposure, procedure compensation, and reading volume into a single document. Undefined stroke-call terms and unbundled procedure rates are the two highest-dollar exposures — and both are negotiable.

THE 15 RED FLAGS

5 CRITICAL · 7 HIGH · 3 MODERATE

01 | ■ CRITICAL

Stroke call burden uncapped or undefined

Specify stroke-call shifts per month, in-house vs. home, response-time requirement, per-call rate, and tPA decision differential. Stroke call is the single largest unpaid-work exposure in neurology.

02 | ■ CRITICAL

Claims-made malpractice, no tail commitment

Silence leaves who pays unresolved. Ask for employer-paid tail in writing for resignation, termination and nonrenewal; confirm the policy terms.

03 | ■ CRITICAL

Procedure comp (EMG/EEG/Botox) not separately credited

EMG, EEG, intraoperative monitoring, and Botox injections generate disproportionate wRVUs. If the contract bundles procedures into the same rate as office visits, the high-revenue work subsidizes the rest without negotiation.

04 | ■ CRITICAL

wRVU rate with no named benchmark

A flat dollar-per-wRVU rate with no reference to 2025 national neurology benchmarks gives the employer full discretion to call any rate market. Subspecialty neurologists command higher rates — both must be anchored.

05 | ■ CRITICAL

Termination without cause under 90 days

Neurology credentialing, payor enrollment, and patient transition (especially for epilepsy or chronic-care patients) run 90–120 days. A 30- or 60-day window leaves no time to manage transition.

06 | ■ HIGH

Subspecialty mix unilaterally assignable

Language permitting the employer to redistribute high-revenue work (epilepsy monitoring, neurocritical care, EMG) at discretion converts your case mix into something materially less productive without compensation adjustment.

07 | ■ HIGH

No inpatient consult differential

Inpatient consults carry higher acuity, documentation load, and after-hours follow-up. Without a per-consult differential or hospital stipend, you absorb that load at outpatient rates.

08 | ■ HIGH

Bonus threshold not tested against your workload

Test the threshold against your credited production, workload and payout period. Model low, expected and high-production payouts before counting the bonus as income.

09 | ■ HIGH

Non-compete over 15 miles or 2 years

Neurology is heavily referral-driven. Aggressive non-compete radius effectively eliminates your continuity-of-care value to the employer's competitors and can bar you from your own referral network.

10 | ■ HIGH

Reading volume (EEG/sleep) uncapped

If the contract assigns sleep study reads, ambulatory EEG interpretation, or long-term monitoring at flat compensation, the workload can grow unbounded without pay adjustment. Cap volume or pay per-study.

11 | ■ HIGH

Unilateral schedule and clinic modification rights

Employer-discretion language over clinic days, site assignment, and procedure block time strips control over working life — particularly damaging for procedure-heavy subspecialties.

12 | ■ HIGH

No rate escalation clause

Without annual increases tied to inflation or a benchmark percentile, real compensation declines every year you remain. A flat multi-year rate is a multi-year pay cut.

13 | ■ MODERATE

Compensation model not specified

If salary vs. wRVU vs. per-procedure vs. hybrid is ambiguous, the model can shift at renewal — a guaranteed base silently converting to production-only is the classic pattern.

14 | ■ MODERATE

Sign-on clawback with no pro-rata

Full repayment regardless of tenure treats the bonus as a leash rather than compensation. Negotiate pro-rata over 24 months and a waiver on without-cause termination.

15 | ■ MODERATE

Restrictive moonlighting clause

Broad bans on outside clinical work, EEG/EMG reading services, or expert witness work cap earning potential. Restrict only true conflicts — same patient population.

NEXT STEP

Found a CRITICAL flag?

Run your contract through the Analyzer. Benchmark every term. Get a prioritized list.

clauseline.com/redflags