



BRAIN BUILDERS  
NEURO THERAPY

## Agreement of Financial Responsibility

At the time of your first visit with Dr. Roberts (Brain Builders Neurotherapy) we will call your health insurance company (insurer) to verify coverage for outpatient mental health benefits and to inquire about the procedure codes that may be covered by your plan. Even when benefit checks state that neurofeedback treatments are covered, we have sometimes received denials of claims upon review by the health insurance company.

In the case that your claim is denied for neurofeedback, psychological testing, or any other service that is part of your service package, Brain Builders Neurotherapy will require that you pay for those services.

I \_\_\_\_\_ (please print name legibly) agree to assume financial responsibility for services rendered in the case that my insurance company denies payment or the treatment is not covered by my plan and acknowledge that Brain Builders Neurotherapy will use the credit card on file to cover these services unless I make other payment arrangements prior to the charges being made.

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(Signature of person responsible for payment)

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Date