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AGREEMENT TO PAY FOR NEUROFEEDBACK SERVICES CONTRACT

Neurofeedback Service

for:

Client Name

Date

Parent/Guardian (if client is a minor):

Relationship to client:

PAYMENT AGREEMENT:

Although other persons or insurance companies may make payments on your account, **you are responsible for payment for services provided by Pinnacle Neurofeedback at the time of service.**

Please see Page 2 of this worksheet regarding billing your insurance company for Neurofeedback treatment.

PAYMENT OF FEES:

- 1) The client may choose to pay per session for Neurofeedback treatments. A single Neurofeedback session is \$_____ per session.
OR
- 2) The client has the option of keeping a valid credit card on file with our office. This allows our staff to efficiently bill your card for services rendered. We will only bill once the service has been rendered and never before services. We pass the savings that this option provides on to you, our client. This option gives the client a \$10 discount. The Neurofeedback fee with this option is \$_____.

Please select how you wish to handle your account:

- I prefer to pay \$_____ per Neurofeedback session.
- I prefer to keep a credit card on file and pay \$_____ per Neurofeedback session.
(If you choose this option please fill out a Credit Card Payment Consent Form).

I agree to this payment agreement for Neurofeedback services provided by Pinnacle Neurofeedback.

Signature of Client (or responsible party)

Date

Printed Name (client or responsible party)

Pinnacle Staff Signature

PLEASE NOTE:

The cost for Neurofeedback is often not covered by insurance. However, some insurance companies do recognize Neurofeedback as the viable and useful treatment that it is and will cover this treatment. We have no way of knowing beforehand if your insurance company will reimburse you for treatment or not. We encourage you, prior to beginning your treatment, to contact your insurance company to see if Neurofeedback benefits are available for you through your health plan. Our billing manager is also available to explain benefits when needed. Our goal is to have clients fully informed of their financial responsibility prior to beginning treatment, as it is undesirable and difficult for both the client and therapist to discontinue therapy mid-treatment.

Please note that payment for treatment is due and payable at the time of service.

We offer a per-session-discount for clients who wish to fill out a Credit Card Consent Form that we keep on file and charge only for services rendered. This discount equals \$10 off the per session fee and allows us to easily process payments after each session to keep billing charges up to date and your costs to a minimum.

Please contact our billing manager if you have further questions or need assistance. Thank you for your understanding in this matter.

We have an easy-to-follow worksheet to help you navigate this process with your insurance company. Please ask and we will gladly provide this worksheet.