



111 Monte Vista Ave, Suite C  
Healdsburg CA 95448

Date \_\_\_\_\_

### Agreement of Financial Responsibility

#### To Our Patients

At the time of your first visit with Dr Roberts, we will call your Insurance to verify coverage for Out Patient Mental Health benefits and to inquire on the procedure codes that are covered through your plan. Even when benefits checks state that Neurofeedback treatments are covered, we have sometimes received denials of claims upon review by the Insurance Company. In the case that Neurofeedback and or Psychological testing is not a covered benefit under your plan Dr Roberts will require that you pay for those services.

I \_\_\_\_\_ agree to assume financial responsibility for services rendered in the case my Insurance denies payment or the treatment is not covered by my plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Eileen Edmonson Roberts Ph.D*  
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Eileen Roberts