Patient:_____

DOB:_____ ID:_____

Financial Agreement

I agree that in return for the services provided to me or the patient (if a different person - hereafter the word 'patient' applies to both) by Brain Solutions PLLC or other affiliates, I will pay the account of the patient and/or make financial arrangements satisfactory to Brain Solutions PLLC. Unless the patient's bill is paid by applicable insurance, government programs or other sources, I agree to pay Brain Solutions PLLC's usual and customary charges. If an account is sent to an attorney for collection, I agree to pay reasonable attorney's fees and collection expenses in addition to the amount due and owing on the bill for medical and behavioral health services rendered to the patient if I am ultimately found to be liable for the bill. I understand and agree that a delinquent account will be subject to interest at the legal rate.

I understand and agree that my insurance and/or the patient's' insurance, if any, will be billed for services rendered to the patient. Payment from the insurer will be sought by Brain Solutions PLLC before I am required to make payment (with the exception of some percentage of co-insurance or co-payment, which I must pay) I understand and agree that I am responsible for knowing my coverage and being transparent with any coverage changes. I further understand and agree that as part of the normal business communication with Brain Solutions PLLC, with regard to this matter, Brain Solutions PLLC staff or representatives may contact me through any of the following methods: letter, email, telephone, text/voice message, or any other available technologies used by businesses for such communications.

If the patient is entitled to any benefits whatsoever, under any policy of health, liability insurance, or from any other party liable to the patient, these benefits are hereby assigned to Brain Solutions PLLC and/or to the providers rendering services for application toward the patient's bill. I authorize the release of any medical and/or account information necessary to process claims/direct payment of benefits from my insurance company and collect payment for services rendered, including any applicable service charges and applicable costs of collections. It is understood and agreed, however, that the patient and I may be contacted using an auto-dialer during collection proceedings.

If you need to cancel or reschedule an appointment, please provide us with at least a 24-hour notice. **If you miss a scheduled appointment without contacting us for cancellation, or cancel with less than a 24-hour notice, our policy is to assess a $100.00* fee payable to Brain Solutions** [unless you and your provider both agree that you were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the full fee amount as described above. Brain Solutions reserves the right to suspend services until the fee is paid. **Excessive appointment no shows and frequent late arrivals is grounds for discharge from our services.** This includes cancellations without the required 24-hour notice. This cancellation policy is standard in most medical and behavioral health practices and will be strictly enforced.

***Patients covered under TXIX/TXXI healthcare benefits are exempt from paying a fee.**

In the event that the patient has a payment on an active account, whether through cash, check, credit card or other means, and there remain additional funds available after that account is satisfied (e.g. an overpayment), Brain Solutions PLLC is authorized to apply the overpayment to any other account owed by the patient that remains unpaid. Brain Solutions reserves the right to charge a nominal processing fee for all credit card transactions.

I have read, understand, and agree to adhere to Brain Solutions PLLC's Financial Agreement as stated above.

_____ _____

Patient/Authorized Representative Relationship to Patient

_____ _____

Witness Date/Time