Neuropsychological Assessment/ Therapy Services Release & Payment Agreement

I give consent to receive a neuropsychological assessment or therapeutic services through Marvelous Minds, Inc.(MM) I understand that MM will bill my insurance company for services with the insurance information I have provided. When that claim is processed, I agree to pay the amount my insurance says is my responsibility with the credit card on file. I understand that in the event that my insurance company unexpectedly denies this authorization or claim, I will be responsible for the full amount. This agreement also applies to self-pay clients. Your credit card will be charged after your weekly or bi-weekly appointment. **I give my permission for MM to bill this credit card according to my insurance company's Explanation of Benefits**, or after my weekly/bi-weekly self-pay appointment. **Additionally, if I should fail to pay my balance in a timely manner, I agree that I will be responsible for a $25/month fee for unpaid balances over 60 days.** If necessary, I also agree to pay the legal fees related to hiring a collections agency and any additional attorney fees.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.