

Denver Biofeedback Clinic, Inc.

Patient Information

PAYMENT:

If you have been injured in a work-related accident or an automobile accident, your insurance company will be billed directly. Please provide your insurance information on the following forms.

If you have private health insurance, it is your responsibility to make arrangements with your insurance company regarding coverage for biofeedback training.

If you have an auto PIP or PPO plan, you may be subject to an office co-pay or deductible. It is your responsibility to make arrangements ahead of time to check to see if a deductible or co-pay will apply to your treatment at our clinic. **Payment is due at the time service is rendered. This includes any deductible or co-payment.**

You may discuss the cost of your biofeedback training with your therapist.

I understand that I am fully responsible for any payments not covered by my insurance except where prohibited by law.

APPOINTMENTS:

We ask that you schedule your appointments in advance in order to be seen on a weekly basis in the times that best fit your needs. Initially, it is reasonable to schedule at least 6 appointments ahead of time and when it comes closer to the end of the initial 6 sessions, ask your therapist if more sessions are anticipated. At that time we can schedule additional sessions in the times that best fit your schedule.

Whenever possible, please notify us of cancellations at least 24 hours prior to your appointment.

Your physician, insurance company and case manager will be notified of all cancellations.

We reserve the right to charge a 25 dollar fee if you cancel less than 24 hours prior to your appointment time or fail to attend a scheduled appointment.

REPORTS:

Written reports will be sent to the referring physician, your insurance company (if applicable), and any others indicated on release of information form. Please also indicate if you would like to receive copies of reports.

We hope your experience with biofeedback and our clinic is enjoyable and helpful. We look forward to working with you.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Signed: _____ Date: _____