



Center for Biofeedback and Behavior Therapy

4530 Beltway Rd.
Addison, TX 75001
(469)358-1309
www.cbbt.org

STATEMENT OF FINANCIAL RESPONSIBILITY

I agree to be responsible for all charges incurred for the evaluation and treatment of my child/self. Payment for all services is expected, in full, at the time of service. I further understand and agree that the Center for Biofeedback and Behavior Therapy is not responsible for submission of insurance claims to my insurance carrier.

Statements will include all information necessary for insurance claims submission (CPT/DX Codes), diagnosis code, federal tax identification number) and should be retained for insurance/tax purposes. The statement substitutes for "Attending Physician's/Provider's Statement" when filing for insurance reimbursement. Rusty Lozano is not responsible for filing or collecting claims or for negotiating a settlement on a disputed claim. Authorizations are not the responsibility of The Center for Biofeedback and Behavior Therapy, however limited assist is available upon request.

Upon request and with your written permission, the therapist will provide clinical updates to insurance carriers. These summary letters and/or chart reviews will be billed at the regular hourly rate, prorated according to time spent.

When canceling or rescheduling an appointment, I agree to notify the Center for Biofeedback and Behavior Therapy at least 24 hours in advance. Barring unseen illness or injury, I agree to be responsible for full treatment charges for appointments cancelled with less than 24-hour notice and/or no-show appointments

Please Initial: _____

I have read and fully understand my financial responsibilities to the Center for Biofeedback and Behavior Therapy. I further understand my responsibilities with regard to insurance claim submission or disputed claim negotiation.

Patient's name: (please print) _____

Guardian's Signature: _____ Date: _____