

AUSTIN BIOFEEDBACK AND EEG NEUROTHErapy CENTER
3624 North Hills Drive, Suite B-205, Austin, Texas 78731
512.794.9355 or fax: 512.794.0076

Patient Information Form (Confidential)

PLEASE PRINT:

Name: _____ Date of Birth: _____ M: ___ F: ___

Address: _____ City: _____ State: ___ Zip: _____

Home Phone (Circle Primary): _____ Work: _____ Cell: _____

Email address: _____

Employer: _____ Address: _____ City: _____ State: ___ Zip: _____

Spouse or Guardian (Circle): _____ Emergency Phone: _____

In case of emergency call: _____ Phone: _____

Important Insurance Information

At this time, most insurance companies do not cover biofeedback or neurofeedback services. In order to provide you with the highest quality of service, The Austin Biofeedback and EEG Neurofeedback Center is not affiliated with any insurance companies. This decision is based on our commitment to provide the best clinical service possible, free of managed care and insurance restrictions. We do not provide diagnostic services for mental health care, nor do we call insurance companies on behalf of our clients. **We do not provide superbills (insurance) receipts.** Please understand that we do not have the time available to provide these services. We apologize for any inconvenience this may cause. Clients are responsible for all charges, and payment is due at the time of service. Our preferred method of payment is checks or cash but for your convenience, we accept most major credit and debit cards, and will print out a payment receipt upon request at time of payment.

I have read and understand Austin Biofeedback and EEG Neurotherapy's policy regarding insurance, and I agree to pay for any services rendered by Austin Biofeedback and EEG Neurotherapy Center on the day of service.

Signature: _____ Date: _____

PRIVACY POLICY NOTIFICATION: I have received a copy of this clinic's privacy policy statement (Client's Guide page 7).

Signature: _____ Date: _____

For Office Use Only. We were unable to obtain written notice that privacy policy was received due to:
Refusal to sign: ___ Other: ___