

Mindi Kessler, Ph.D., Neurofeedback Financial Agreement

I understand I am responsible for payment in full at the beginning of each neurofeedback session. By signing below, I agree to the fee schedule. Neurofeedback may be reimbursed by health savings account funds, and I understand that it is my responsibility to know what my HSA covers.

I understand that I am required to keep a credit card on file with Mindi Kessler, Ph.D. and that my card will be charged for each session, unless another payment arrangement is made.

I understand if I must reschedule or cancel an appointment, 48-hours notice is required to avoid the full charge for the session. I authorize Master Minds to charge my credit card for any sessions where I am unable to give 48-hours notice. Exceptions are made for emergencies.

Fees:

Initial Neurofeedback session: \$75

Additional sessions: \$65

10-pack sessions – Buy 10 get 1 free - \$650

\$10 discount given for each referral

Credit Card Number _____ CCV code: _____

Name on Card: _____ Exp. Date: _____

Zip Code _____ Phone _____

E-mail _____

Emergency Contact _____ Phone: _____

By signing this financial agreement form, I acknowledge that I have read, fully understand, and agree to the policies and terms contained herein.

Client Signature

Date

Technician Signature

Date