Neuron Connect – Patient Financial Responsibility & Insurance Disclaimer
Insurance Disclaimer
A quote of benefits and/or authorization from your insurance plan does **not** guarantee payment or verify eligibility. Payment of benefits is subject to the terms, conditions, limitations, and exclusions outlined in your health insurance policy at the time of service.

Insurance Liability for Payment
Neuron Connect will make every reasonable effort to verify your benefits and obtain preauthorization for services when required. However, it's important to understand that your insurance provider determines what is considered "medically necessary" or "covered."

If your insurance provider denies coverage for any part of your care—including neurofeedback or other related services—you will be financially responsible for the charges. We highly encourage you to contact your insurance company directly to confirm whether these services are covered under your plan.

Your Financial Responsibility
By signing this form, you acknowledge and agree to the following:

- You are responsible for any co-pays, coinsurance, or deductibles required by your insurance plan.
- If your insurance denies payment for any services rendered by Neuron Connect, you agree to pay for those services in full.
- You understand that even with preauthorization or a quote of benefits, coverage is **not guaranteed**.

Beneficiary Agreement
I acknowledge that some services at Neuron Connect, including neurofeedback therapy and related assessments, may not be covered by my insurance plan. If payment is denied, I agree to be personally and fully responsible for any outstanding balance. I understand I am also responsible for any co-payments, deductibles, or coinsurance amounts applied by my plan.

Patient Acknowledgment

Printed Name: _____
Signature: _____
Date: _____
Date of Birth: _____

Patient Information (Attach Label If Applicable)
Name:
MRN#:
CSN#:
Age/Sex:

Neuron Connect – Empowering Brains. Transforming Lives.