



Patient's Financial Responsibilities

I understand that while I am under the care of NVCBT treating staff, payment is due at the time of services provided, and I understand that the financial obligation is my responsibility as the patient. I am responsible for any fees/charges incurred, including those portions not paid for by my insurance carrier or by the provisions or policies of my benefit plan. NVCBT accepts Visa, MasterCard, money orders, personal checks, and cash. All money orders and personal checks should be made out to "NVCBT" or "Nevada Center for Behavior Therapy." If I wish to have my credit card kept on file with NVCBT and each session billed to it as a convenience, I will fill out the section below.

NVCBT treating staff will see me at the time scheduled. Because this time is reserved solely for me, I understand that it is important that I keep this appointment. I understand that all appointments must be canceled within 24 hours of the scheduled appointment time. If I cancel an appointment without 24 hours notice, or if I do not show up for an appointment, I understand that I will be responsible for paying the full cost of the session. I also understand that if I fail to pay for services provided, my account may be referred to a professional collections agency, and reports may be made to the three major credit tracking agencies.

I understand the above terms and conditions.

Please sign and date here

Credit Card to Keep on File (Optional)

Card Type: Visa Master Card

Card Number: _____

Expiration Date: _____ **Security Number on Back:** _____