



## CLIENT FINANCIAL RESPONSIBILITY FORM

**Please be aware that Creekview Assessment Center does not accept insurance payments and therefore cannot negotiate with your insurance.**

Even through portions of your testing may be considered medically necessary, and therefore a covered service under your plan, we are not contracted to receive third party payments. If you would like to submit a claim to your insurance company, or if you would like to utilize out of network benefits, a superbill can be provided once your account is paid in full.

I \_\_\_\_\_ I agree to be financially responsible for any and all related charges for services provided to me at Creekview Psychological Assessment Center, PA.

Type of service: \_\_\_\_\_

Estimated cost of initial consultation: \_\_\_\_\_

Approximate Cost of Initial testing appointment : \_\_\_\_\_

Planned Date of Service: \_\_\_\_\_

Amount due at initial testing session: \_\_\_\_\_

Estimated amount due at the feedback appointment: \_\_\_\_\_

Any substantial difference in the cost (more than \$200) will be discussed with me prior to being incurred.

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Member or Legal Guardian Signature

Date

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Clinician's Signature

Date