



Please initial each individual statement, signifying you understand each statement, and then sign where indicated.

_____ I understand that Nebraska Myofunctional Specialties, LLC and Patricia Brinkman-Falter are not preferred providers or in-network therapists for any dental or medical insurance companies.

_____ I understand that although they are not preferred providers or in-network therapists for any dental or medical insurance companies, Nebraska Myofunctional Specialties, LLC will assist me in submitting claims to my insurance company by providing superbills and the correct forms and codes to me so I can realize any medical / dental benefits from my insurance policy.

_____ I understand that the fee for my consultation appointment is due the day of the consultation appointment.

_____ I understand that the Nebraska Myofunctional Specialties, LLC does not accept assignment from the insurance companies and if the insurance payment is assigned to Nebraska Myofunctional Specialties, LLC it will be reimbursed to me or credited to my account.

_____ I understand that any subsequent treatment I agree to with Patricia Brinkman-Falter of Nebraska Myofunctional Specialties, LLC will require a signed treatment plan.

_____ I understand that any pre-treatment estimates of benefit (EOB) from my insurance companies are only estimates, and that if there is a discrepancy where a balance is due, it is my responsibility to pay off that balance within 30 days.

_____ I understand that Nebraska Myofunctional Specialties, LLC offers a limited variety of payment plans for treatment.

_____ I understand that my appointment time has been reserved especially for me and if I miss my appointment or cancel with less than 24 hours notice, I will be charged a fee of \$40.00 on the second violation and thereafter.

By my initials above and signature below, I acknowledge understanding of my financial responsibility for seeking treatment at Nebraska Myofunctional Specialties, LLC.

Signature

Date

Printed Name of Patient