

# DIRECTED WELLNESS CENTER

## Fee Agreement, Policies, and Consent for NeuroOptimal and Traditional Neurofeedback Training

Please read this agreement, policy and consent form carefully. If you decide to receive Traditional or NeuroOptimal training from Directed Wellness Center, these policies will guide our work together. For specific information regarding the benefits, process and application of our services please refer to my website at <http://directedwellnesscenter.com>

Most insurance companies will not pay for Traditional Neurofeedback or Dynamical training even though we are a licensed provider. Neurofeedback is a training and not considered a treatment, therefore it is seldom a service covered by insurance companies. Based on these reasons, we do not bill insurance companies for our services. Please find our fees for training services below.

**Neurofeedback (NFB) sessions are 45 to 50 minutes. Bioelectromagnetic Therapy (BEMER) sessions are 15 to 30 minutes.**

If you are late to your session, it is not a problem, but the session will still need to finish at its scheduled appointment end time. We suggest you arrive 10 minutes earlier to make sure you will receive a complete session. Your first neurofeedback session will be 1 ½ to 2 hours. All remaining sessions will be 45 to 50 minutes.

**NFB = Neurofeedback, BEMER = Bio-Electro-Magnetic-Energy-Regulation, HRV = Heart Rate Variability**

<b>Session Fees</b>		
One session NFB		\$75
One session BEMER		\$35
One session of NFB with BEMER		\$105
<b>Package Fees</b>		
10 session BEMER package fee	(save \$50)	\$300
10 session NFB package fee with BEMER	(save \$50)	\$1,000
15 session NFB package fee with BEMER	(save \$100)	\$1,475

**Cash, Check or Credit Card Accepted (credit card accepted with added charge)**

<b>Other Fees</b>	
Initial Assessment includes HRV, BEMER, and 1st NFB	\$200
<b><u>Brain Mapping</u></b>	
11 Site EEG Evaluation	\$300
<b><u>Equipment Lease/Sale</u></b>	
NeurOptimal Personal Unit	\$800/month
Includes 25 pre-loaded training sessions. May be shared among friends and family. Additional sessions can be included for \$35 each.	
NeurOptimal Professional Unit for Home Use	\$1,000/month
Unlimited Sessions	
NeurOptimal Professional Unit for Professional Use*	\$1,250**/month
Unlimited Sessions	
BEMER Lease 1 Week***	\$300
Unlimited Sessions	
BEMER Lease 2 Week***	\$500
Unlimited Sessions	
BEMER Lease 4 Week***	\$900
Unlimited Sessions	
BEMER Lease 6 Week***	\$1,600
Unlimited Sessions	
HeartMath HRV Lease 28 Days	\$30
Unlimited Sessions	

**Cash, Check or Credit Card Accepted (credit card accepted with added charge)**

\* This is a great way to try it out with your clients before investing in your own system. Should you choose to purchase a professional system following the rental period, you may be eligible to receive a partial refund up to a \$300.00 of rental fees (Ask for Details).

\*\* NeurOptimal Professional Unit additional months billed at \$1000/per month

\*\*\*BEMER Purchase: (Should you choose to purchase a BEMER during the rental period, you may be eligible to receive a partial refund up to \$150 off the rental fees)

**During the rental period of any equipment from DWC, we are available by text, phone or email for any questions that may arise.**

**Fees are due at or before the time of service:**

Fees are paid at or before the first training session. Please note, however, it is always our decision whether to accept a particular individual for training or not.

**Late cancellation fees:**

**24 business hours (one business day) cancellation notice is required.** Once an appointment is scheduled, you will be expected to pay full price unless you provide 24 business hours advance notice of cancellation. Please be considerate of your clinician as well as other clients. If a rescheduled appointment can be arranged for that week, the cancellation fee may be waived, at the discretion of the clinician.

## CONSENT FOR TRADITIONAL / NEUROPTIMAL NEUROFEEDBACK TRAINING

I have read and understand the Fee Agreement/Policies and consent. I have asked any questions that I had about it including fees and payment policies, confidentiality and its exceptions, training and professional background of the clinician/trainer. (For clients under the age of 13, consent must be provided and this form signed, by a legal guardian.) I consent to services offered by DWC under the terms described above. My signature below indicates that I hereby request and authorize the clinician/trainer, Directed Wellness Center, to conduct Neurofeedback-NeuroOptimal training for myself and/or the individuals listed below for whom I am the parent or legal/guardian. My signature below also indicates that I have received a copy of this Fee Agreement & Policies.



\_\_\_\_\_  
Client Signature (or personal representative)

\_\_\_\_\_  
Date

### RELEASE OF INFORMATION

I agree that, Brenda Van Fleet RN, BCN may consult with the client's:

\_\_\_\_\_  
PCP

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Specialists

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Therapist (with regard to the EEG training and obtained results)

\_\_\_\_\_  
Contact Number



\_\_\_\_\_  
Client Signature (or personal representative)

\_\_\_\_\_  
Date

### HIPPA GUIDELINES

By my signature below I, \_\_\_\_\_, acknowledge that I received a copy of HIPPA Compliance Notice to read for Directed Wellness Center



\_\_\_\_\_  
Client Signature (or personal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician/Trainer Signature: Brenda Van Fleet, RN, BSN, BCN

\_\_\_\_\_  
Date

Office: 208 & 210 W. Lexington Ave, Independence, MO 64050 Phone: (816) 301-7222

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

\_\_\_\_\_  
Personal Representative's Name

\_\_\_\_\_  
Relationship to Client