



**Brain Treatment Centre Australia
Patient Financial Agreement**

This agreement is between the Client and/or Guardian of Client and the Brain Treatment Centre Australia to agree on financial requirements before beginning treatment.

The Assessment Period consists of:

- 2 Clinical Visits (one at the beginning and one at the end of the period)
- 9 consecutive MeRT_{SM} treatments (typically Monday – Thursday)
- 2 EEG recordings (one at the beginning and one at the end) **\$3,000.00**

The Month Treatment Period consists of:

- 2 EEG recordings (one at the middle and one at the end of the period)
- 2 EEG Reviews (We require at least two business days to generate the results into a report after the EEG recording.)
- 20 consecutive MeRT_{SM} treatments (typically Monday – Friday for four weeks)
- 2 Clinical Visits (one at the middle and one at the end) **\$10,000.00**

Please read the following and initial each line.		
1	Payment must be received before the start of treatment.	_____ (initial)
2	Clients 15 minutes late to their appointment time will need to reschedule.	_____ (initial)
3	Rescheduling of appointments sometimes require multiple changes on subsequent appointment. Please keep changes to a minimum.	_____ (initial)
4	The cost of the Assessment Period and Month Treatment Period are non-refundable.	_____ (initial)
5	Payments made with a credit card will be charged a 3% service fee	_____ (initial)
6	Clients who fail to show up for their appointment without notice will be considered a "NO SHOW". Clients who "NO SHOW" five (5) or more times in a one-month period, may be refused access to the service and denied any future appointments. Re-admission will be at the discretion of the Brain Treatment Centre.	_____ (initial)
7	Clients who "NO SHOW" may also be subject to a \$150.00 "NO SHOW" fee. Cancellation and "NO SHOW" fee's are the sole responsibility of the client and must be paid in full prior to the client's next appointment. We understand that special unavoidable circumstances may cause you to "NO SHOW" without a call to cancel/ reschedule. Fees in this instance may be waived but only with the approval of Brain Treatment Centre Management.	_____ (initial)
8	This agreement was designed to ensure each client is willing and able to commit to the treatment. Our appointment slots are limited. It is important to ensure clients can make their appointments; not impacting on other clients. All appointments are made in advanced and subject to appointment availability.	_____ (initial)

Client Name in Full:

Signature:

Date: