



Providing Psychological and Neuropsychological Services for the Elderly

Consent for Services

RE: _____

A recommendation and referral for services has been made to Senior Neuropsychological Associates, P.C. for specialized assessment and/or care of your emotional and mental health. Bret G. Bentz, Ph.D. (licensed psychologist) will provide these services. Fees for these services will be billed by Senior Neuropsychological Associates, P.C. according to your respective insurance carriers. You will be responsible for any co-payment and/or lack of insurance coverage where applicable.

With this understanding, I, _____, give consent for services and request that payment under my medical insurance be made to Senior Neuropsychological Associates, P.C. for these services.

Patient's Signature

Date

Responsible Party's Signature
(In cases where the patient is unable
to consent on their own behalf)

Date