

**NEW CLIENT/PATIENT INFORMATION**

NAME:

DATE OF BIRTH:

ADDRESS:

PHONE:

SCHOOL OR PROFESSION:

REFERRED BY:

FAMILY MEMBERS AND DATES OF BIRTH:

FATHER'S EMPLOYER:

MOTHER'S EMPLOYER:

PERSON RESPONSIBLE FOR BILLING AND ADDRESS:

The client/patient or legal guardian is financially responsible for any and all charges for services rendered by Marnee Schneider, Psy.D., including, but not limited to, any services or fees for neuropsychological evaluations, psychoeducational evaluations, therapy, cognitive remediation, and support services. Payment is rendered at the end of each session. This also includes additional charges associated with costs of collection if an account becomes delinquent, including reasonable attorney's fees, court costs, and any other fees pertaining to the collection of this debt.