

## **Payment Policy**

You are responsible for paying fees for services rendered. Insurance companies do not guarantee payment even when services are 'covered' and preauthorization requirements are met. Every attempt will be made to secure third party reimbursement if you choose to utilize it. Your assistance with this matter is appreciated.

Co-pays are due at time of service.

You may request a monthly bill for balance due.

Payment may be made in cash, check, or debit card. No credit cards are accepted.

Refusal to pay for services and/or failure to respond to inquiries about your account may result in termination of services and/or submission of your account to a collection agency.

I have read and understand the above policies. I have had the opportunity to discuss any questions and concerns I have with my therapist.

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Signature

date

Responsible party for a minor \_\_\_\_\_