

Insurance Agreement

SERVICE FEES

	Intake	Ongoing	Group
	\$150	\$145	\$40

- Payments must be made when services are rendered, at the time of the session.
- You must cancel appointments 24 hours in advance or you will be charged a \$50 fee.
- Non-payment for two consecutive sessions will require the negotiation of a payment plan and review of this Fee Contract.
- Services can be discontinued due to non-payment of balances over 60 days.

INSURANCE

- If I choose to use my insurance, I understand that diagnosis and treatment information will be shared with my insurance company for billing and treatment authorization.
- I understand that I remain responsible for co-pay, coinsurance and deductible amounts.
- I must notify the practice of insurance changes and/or discontinuation of coverage.
- I remain responsible for all fees refused or unauthorized by my insurance plan.

PRIMARY INSURANCE

Insurance Co.	Subscriber Name	Relationship	Member ID	Group #
_____	_____	_____	_____	_____

SECONDARY INSURANCE

Insurance Co.	Subscriber Name	Relationship	Member ID	Group #
_____	_____	_____	_____	_____

SIGNATURES

Please print this form, sign by hand, and return to your provider.

Printed Name	_____	Date	_____
Signature	_____	Date of Birth	_____
Parent / Guardian (if applicable)	_____	Date	_____