## Payment at the Time of Service

In order to provide the highest quality of care to our clients we have developed this contract to remind individuals that payment is taken at the time of service and not at a later date. As stated in the informed consent, if you are unsure of your co-pay (or deductible) then you are responsible for a \$30.00 charge that goes towards whatever the amount is that your insurance informs us of. **Fees for all clients will be charged at the beginning of the appointment.** 

For clients going through insurance, you may call your insurance to get your co-pay/deductible amount prior to the time of service. Should you do this please provide the name of the Member Advocate/Representative that you spoke to along with a Reference Number for the phone call to your provider so they may document this information in an administrative note.

*If you are unable to pay for services at the time of your appointment, please reschedule the appointment no later than 24 hours prior to the session.* This will allow you to 1) reschedule for a time/day you are able to pay; and 2) avoid accruing the late cancellation fee should you contact your provider with less than 24 hours notice.

If you do not reschedule an appointment when you are aware that you are unable to pay at the time of service, the provider will not move forward with the session and the session will be billed as a late-cancellation.

By signing this you are acknowledging that you will be paying for services at the time that they are provided (at the beginning of session) and will be responsible for any additional fees that arise due to not adhering to this contract.

**Client Printed Name** 

Client/Parent Guardian Signature

Date