

Your Song Counseling
5702 N 26th St Suite A Tacoma, WA98407
(253)242-2795

FINANCIAL AGREEMENT: I agree to pay Your Song Counseling for care at regular rates and terms. I permit Your Song Counseling to appeal any denial received from my insurance company. If a third party payor will not pay, I agree to pay for the services given. If my bill is sent to a lawyer or collection agency, I will pay all reasonable fees. I have the right to refuse to provide financial information. If I choose to do this, I understand I will be liable for the full cost of services received.

THIRD PARTY INSURANCE: In the event that my third party carrier has a contractual relationship with Your Song Counseling, the portion of the fee that is my responsibility may vary from the fee schedule. I am responsible for meeting my deductible and understand that any co-payment fees are due and payable at the time service is rendered. I have been notified that my third party carrier could deny payment for some services. I understand that I am financially responsible to pay for services not covered by my third party carrier. I understand that it is my responsibility to know and follow my third party company's referral and authorization process, which could include obtaining a written referral from my primary care physician or preauthorization from my third party company.

ASSIGNMENT OF BENEFITS: I hereby authorize payment of medical benefits from all third party companies to be directly to Your Song Counseling for services received. I have received a copy of Your Song Counseling no show policy, and I understand that I may be charged a fee for no-shows or cancellations of appointments unless I notify Your Song Counseling 24 hours in advance.

RELEASE OF INFORMATION: I hereby authorize the use and release of any medical or psychiatric healthcare information necessary to process all third party claims. This information could include my name (or my guardian's name), address, date of birth, admission and discharge dates, telephone numbers, social security number, medical records, account number and charges at Your Song Counseling.

I understand that my signature upon this document shall be treated as a contract. If the terms of this contract are not met then the contract shall be considered in default and any account may be referred to an attorney or a collection agency whereupon I agree to pay all court costs and attorney fees.

I have carefully read and understand all of the information above as attested to by my signature.

Client Signature and Date

Legal Guardian Signature and Date

Print Responsible Party Name and Address if different from client