

Payments for services are due at the time of the service, including self-pay, co-pays, deductibles and/or no show/cancellation fees. We will allow a one-time allowance for this, but the fees must be paid prior to the next appointment or you will have to be rescheduled.

We make every attempt to assist you in determining your benefits. Unfortunately, insurance companies **will not** guarantee payment based on the information they give us. At times, we are advised that services are covered, but are later told that services are not covered and/or that the person has a deductible that must be paid first. It is up to you to contact your insurance company to determine what is covered and what part of the bill you may have to pay. **However, regardless of what an insurance company states they will pay, it is ultimately your responsibility to pay for services.**

My signature indicates that I have read and understand the above payment policy.

Signature of Client or Parent/Guardian

Date

Witness

Date

I _____ understand that all Copayments / Deductibles must be paid *prior* to services. I understand that if I am unable to make the required payment, my appointment will need to be rescheduled.

Patient Signature _____ Date _____

Parent/Guardian (if child client) _____ Date _____