

Payment Agreement

I am aware and understand that individual or family therapy sessions provided by Sally R. Brinza, PhD, are billed at a rate of \$210 (50min) per session. Initial intake appointment is billed at a rate of \$250 (60 min). Written reports and documentation are not covered by insurance and are billed at a rate of \$210 per hour.

I allow Sally R Brinza, PhD to bill my insurance on my behalf. I agree to pay all co-pays, co-insurance and deductibles. If I have not met my deductible, I agree to pay Sally R. Brinza, PhD at the time of my appointment. In the case that insurance denies payment, I agree to pay for services at the above rate. If I do not have insurance, I understand that I am financially responsible for any services received. I agree to pay any out-of-pocket expenses at time of the appointment. I agree to allow Sally R. Brinza, PhD to keep my credit card on file and bill directly should there be any out-of-pocket expenses. This includes the \$100 late cancel/no show fee which insurance does not cover. Any credit card charges, including HSA credit/debit cards will be charged a 3% convenience fee with a minimum charge of \$3.

I understand that if there are any changes to my insurance benefits I will notify Sally R. Brinza, PhD in a timely fashion. Failure to notify Sally R. Brinza, PhD of insurance changes may cause me to be responsible for any acquired charges.

If financial difficulties or hardships arise, I understand that I must call Sally R. Brinza, PhD to make acceptable payment arrangements. These arrangements are determined on a case-by-case basis.

Client Name: _____ DOB: _____

Client Signature: _____ Date: _____

Guardian Name: _____

Guardian Signature: _____ Date: _____

All payments are due at time of service prior to the start of the session.

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