

the clinic), this amount will be collected by us until the deductible payment is verified to the clinic by the insurance company or third-party provider.

All insurance benefits will be assigned to CASI (by insurance company or third-party provider) unless the Person Responsible for Payment of Account pays the entire balance each session.

Clients are responsible for payments at the time of services. The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied nonemergency service unless charges have been preauthorized to an approved credit plan, charge card, or payment at the time of service.

Missed appointments or cancellations less than 24 hours prior to the appointment are charged at a rate noted in the **Payment Contract for Services**.

Payment methods include check, cash, or the following charge cards: Mastercard, Visa, Discover and a debit card. **A \$3 service charge will be applied to all Credit and Debit card transactions.** Clients using charge cards may either use their card at each session or sign a document allowing the clinic to automatically submit charges to the charge card after each session.

Questions regarding the financial policies can be answered by the Office Manager.

I (we) have read, understand, and agree with the provisions of the Financial Policy.

Person responsible for account _____ Date: _____

Co-responsible party: _____ Date: _____