

## From Surviving to Thriving, LLC Fee Payment Agreement

I understand the fees involved in this treatment and that payment is expected at the time of the session(s), unless other arrangements have been made. I also understand that failure to pay the expected fee could terminate treatment. **"No shows" and late cancellations for appointments will be charged for the session. Cancellations need to be made 24 hours prior to scheduled appointments.** \_\_\_\_\_ (initials)

We offer several payment options for therapy and counseling sessions. Payment for services is expected at the time of the session unless other arrangements with the therapist have been made (e.g. insurance or third party payments). Session payments are due at the time of the session. We are able to accept Cash, Checks, Money Orders as well as Visa, Mastercard, Discover Card and American Express.

### Payments

Check or Money Orders to: **From Surviving to Thriving, 35 Parris Island Gtwy #104, Beaufort, SC 29906.** Credit cards are accepted. Pre-payments may be made online by credit card prior to the session at the website.

### Insurance

Coverage for therapy varies according to a person's plan and the insurance company. We will gladly file insurance claims with the understanding that if the insurance plan does not cover therapy, the Patient would need to use other payment options. Any co-payments are due at the time of the session.

In cases where the Patient has limited income and does not have health insurance or an EAP available, fees will be charged on a sliding scale based on family income. If this is the case, a copy of the sliding scale schedule will be provided.

*Please check the payment option you plan to use:*

- Check or Cash payment at time of session
- Credit card payment
- Insurance or EAP (please bring copy of insurance card/ info to session)

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Co-pay \_\_\_\_\_ Primary Insured \_\_\_\_\_  
Primary Insured Date of Birth \_\_\_\_\_  
Employer of Primary Insured \_\_\_\_\_  
Insurance Company Phone \_\_\_\_\_

\*By signing below, I acknowledge I have read, agree to and understand the fee payment policy above. I also authorize the therapist to release necessary medical information to third parties for billing purposes and payment of medical benefits to the therapist From Surviving to Thriving LLC, NPI# 1437761160.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name (Print) \_\_\_\_\_

Therapist Signature \_\_\_\_\_