



## FINANCIAL AGREEMENT

### FEES

Renewal Centers offers three fee options (please read carefully). Check the box of the option you will be using:

- 1. **Standard Fee:** \$130 per session
- 2. **Sliding Scale:** Based on the annual gross household income. Proof of income is required and can be a paystub or W-2 tax form.
- 3. **Mental Health Benefit of your Health Insurance.** Please read below regarding restrictions.

### NO SHOW/CANCELLATION POLICY

Initial \_\_\_\_\_

When canceling your appointment, please call the office at 520-791-9974 by noon of the business day prior to your scheduled appointment. **ALL calls received after noon of the business day prior will incur a \$35.00 fee,** which will need to be paid prior to attending or scheduling any future sessions.

### PAYMENT POLICY

Initial \_\_\_\_\_

All payments, including session fees, copays, coinsurances and fees going towards the deductible are due at the time of service. Accepted forms of payment include cash, checks made payable to Renewal Centers, Inc. and Visa/MasterCard.

### BILLING YOUR HEALTH INSURANCE (if applicable)

Initial \_\_\_\_\_

As a courtesy, Renewal Centers will verify your eligibility and benefits prior to your first session, but that verification is not a guarantee of payment from your Insurance Company. Renewal Centers is obligated to use the fees from the Explanation of Benefits (EOB) received after filing with your Insurance Company. If the benefits quoted are different from the benefits on the EOB, the EOB takes precedent and will be enforced. This could result in additional charges to you after services rendered and you will be billed.

Renewal Centers agrees to file your sessions with your Insurance Company, but Renewal Centers is not an employee of your Insurance Company. When your Insurance Company pays towards your account with us, they are in effect compensating you for all or part of the services that your therapist has provided. Any and all monies that your Insurance Company pays on your behalf are applied toward the total owed on your account. However, please keep in mind that ultimately you are responsible for all charges and are expected to pay any balance your Insurance Company does not cover.

Your signature on this form below is your agreement to the above terms. Please feel free to contact our business office at 520-791-9974 with any questions you may have.

### RELEASE OF AUTHORIZATION/ASSIGNMENT OF BENEFITS (if using Health Insurance)

I am electing to use my mental health benefit associated with my health plan and agree to pay all fees not covered by said plan, including any costs of collection. In addition, I authorize the release of any medical and psychological information necessary to process my insurance claim(s), including to my primary care physician when necessary. I authorize and request payment of counseling benefit from my insurance company directly to Renewal Centers, Inc. I agree that a photocopy of this form may be used in place of the original.

\_\_\_\_\_  
PRINTED Client Name (Guardian if under 18)

\_\_\_\_\_  
SIGNATURE Client (Guardian if under 18)      Date

\_\_\_\_\_  
PRINTED Client Name (Guardian if under 18)

\_\_\_\_\_  
SIGNATURE Client (Guardian if under 18)      Date

### FOR OFFICE USE ONLY

Special Instructions:

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