

JASON T. CERRO LPC, INC.

3175 Gold Star Highway

Unit 104, G3

Mystic, CT 06355

help@jasontcerro.com

401-524-5938

PAYMENT POLICIES AND CLIENT FINANCIAL AGREEMENT

(Including services to Minors)

Client: _____

DOB: _____

Guardian/Responsible

Party: _____

Phone: _____

Address: _____

Payment: Any continuing unpaid balances may be subject to legal collection. Cash, check or credit cards are currently the only acceptable forms of payment.

Co-Pays: Due at time of visit. No further appointments will be scheduled until the balance is paid in full or a payment plan is approved.

Billing Policy (Please read carefully and raise any questions you may have):

I hereby agree to assume financial responsibility for payment to JASON T. CERRO LPC, INC. for services provided to myself or my child in one of the following ways:

_____ I hereby give permission to JASON T. CERRO LPC, INC. to bill _____.

(Name of Insurance Company)

* I also give permission to JASON T. CERRO LPC, INC. to release information to my insurance company necessary to process claims.

* I will assume responsibility for all deductibles, co-payments, and claims not paid by my insurance company, or unpaid bills due to my failure to provide accurate information in a timely fashion.

*Also I acknowledge that it is my responsibility to know my client benefits.

*I will provide JASON T. CERRO LPC, INC. with a copy of my insurance card upon first visit. I will notify him immediately if my insurance changes or I will be responsible for uncovered visits.

_____ I do not have or do not wish to use my health insurance and will assume full financial responsibility for payment of the services I, or my child, receive from JASON T. CERRO LPC, INC. , due at the time of services.

I also understand that JASON T. CERRO LPC, INC. , has a 24 hour cancellation policy. Therefore, I will be expected to pay a fee of \$90.00 for any regularly scheduled appointment not cancelled 24 hours before the appointment time.

Please note that late cancellations or unkept sessions cannot be billed to an insurance company and rates in these instances are not determined per insurance company rates. The same holds true if insurance benefits have become exhausted or coverage has discontinued. I understand that if I cancel frequently, I may forfeit my regularly scheduled appointment time.

Signing below warrants that I have read and fully understand the payment and billing policies as described above:

Signature of Client, Guardian/Responsible Party

Date