# Tri-Lakes Relational Center Springfield

2131 S. Eastgate Avenue, Springfield, Missouri 65809 • P: 417.496.1867 • F: 417.763.3331 • www.GetRelationshipHelp.com


## FINANCIAL RESPONSIBILITY STATEMENT

**Name:**_____**SS# or Drivers Lic. # +State:**_____

**Session Fee:** $_____ **Weekly Payment Arrangement:** $_____

### Financial Policies

- I agree to be responsible for the charges I incur as a result of counseling and/or assessment.
- I understand that charges are based on the amount of professional time used/ reserved for me upon my request.
- I understand that all payments are due at the time services are rendered.
- I understand that TRC does not accept assignment for healthcare insurance benefits and has no control over how much reimbursement I may or may not receive from my insurance company.
- I understand I will receive a receipt suitable for submission to my insurance company for reimbursement or upon my request TRC can file claims with my insurance for a $5 fee.

### Fees

The standard fee for a **1st evaluation appointment is $125** and the fee for **regular 45 minutes sessions is $95**.

### Cancellation Policy

*I understand that if I fail to give 24-hour notice of cancellation, my credit or debit card will be charged for the time which has been reserved for me.*

***The charge will appear on your bill as coming from: TRC.***

| | | |
|---|---|---|
| ***Name on Card*** | ***Card Type*** | |
| ***Credit Card Number*** | | ***Expiration Date*** |
| ***Billing Zip code*** | ***Security/CSC # (3 digit # on back of card)*** | |

***Authorization:***

I hereby authorize ***Tri-Lakes Relational Center*** to charge the indicated credit card. I guarantees and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this agreement.

***Signature of Card holder (Required):***_____ ***Date:***_____

**I would like to handle my account in the following way:**

❑ Cash at the end of each session (exact change only; we are unable to make change)

❑ Check at the end of each session (payable to: TRC)

❑ Charge my credit/debit card at the end of each session

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❑ I wish to request a fee reduction OR interest free financing and have attached the **Reduce Fee Request Form**.

❑ I wish for TRC to process my insurance claim and have attached the **Insurance Claim Processing Request Form**.

**By signing below I testify that I have read and understand the above financial policies and do hereby agree to fulfill my financial obligations as so stated.**

| Printed Name | Signature of Client or Guarantor | Date |
|---|---|---|