

**FINANCIAL RESPONSIBILITY STATEMENT**

Name: \_\_\_\_\_ SS# or Drivers Lic. # +State: \_\_\_\_\_

Session Fee (per 45-minute session): \$ \_\_\_\_\_

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 if I fail to give 24-hour notice of cancellation, I will be charged for the time which has been reserved for me. Brief professional services, such as telephone conversations with my counselor and the filling out of forms by my counselor may be billed at the normal hourly rate (in quarter-hour increments). I understand that all payments are due at the time services are rendered unless other arrangements have been made in advance. I understand that Tri-Lakes Relational Center does not file or 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 "Superbill" receipt marked with the appropriate clinical and diagnostic codes suitable for submission to my insurance company for reimbursement.

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

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

<b><i>Name on Card</i></b>	<b><i>Card Type</i></b>	
<b><i>Credit Card Number</i></b>		<b><i>Expiration Date</i></b>
<b><i>Billing Zip code</i></b>	<b><i>Security/CSC # (3 digit # on back of card)</i></b>	

***Authorization:***

I hereby authorize ***Tri-Lakes Relational Center*** to charge the indicated credit card. I guarantee 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:*** \_\_\_\_\_

*Check this box in addition to one of the above if you need to make special payment arrangements.*

- I wish to request a fee reduction OR interest free financing and am willing to complete the application form which provides income and employment data, number of dependants, etc. I will also provide a copy of my previous year's tax returns and current pay stub.

**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
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