

Kathy W. Bonds, M.S.,L.P.C.

DBA Kathy W. Bonds, LLC

FEE AGREEMENT FOR PROFESSIONAL SERVICES

Client Information

Name _____ DOB ____/____/____

Social Security Number ____ - ____ - ____ *Used for insurance purposes only*

Address _____ City _____ State ____ Zip _____

Phone: Home _____ Cell: _____

Employer _____

Email address _____ Can we leave a message? Yes ____ No ____

Person Responsible for Payment/Insurance (if different from Client)

Name _____ DOB ____/____/____

Social Security Number ____ - ____ - ____

Address _____ City _____ State ____ Zip _____

Phone: Home _____ Cell: _____

Employer _____

Relationship to client _____

The standard therapy session is 50 minutes.

Please initial where indicated

INSURANCE:

_____ I wish to use my insurance and request that Kathy W. Bonds bill my insurance company for fees. I am aware that I will be responsible for deductibles or co-payments/co-insurance required by my policy as well as charges not covered by my insurance plan. Co-payments are required at the time of the services. Billing statements are sent out monthly and are expected to be paid in full upon receipt. If my insurance company denies payment of fees for any reason, I agree to make payment of the fees in full. Kathy W. Bonds will submit claims to your insurance company as a courtesy to you, but as the insured, I acknowledge that I am responsible for all fees incurred for services provided for myself and/or my dependents.

FEE FOR SERVICE:

_____ If you do not want to use your insurance or Kathy W. Bonds is not covered in your plan, you will be billed directly for services provided to you. We accept cash, or checks.

COURT ORDERED:

_____ Please note that if you are recommended to Kathy W. Bonds by an attorney or the courts for services, often times the insurance company will not cover those charges, so we will ask for full payment at the time of service. No reports will be submitted to the attorneys or courts until all fees are paid in full.

Late Cancellation and No Show fee: If you do not keep a scheduled appointment or do not notify Kathy W. Bonds at least 48 hours in advance to cancel a scheduled appointment, Kathy W. Bonds has the right to charge an \$80.00 fee that must be paid prior to being seen again. This can be paid by check or cash in the office.

Any future appointments that are scheduled may be cancelled to allow other clients to be seen. Upon payment of the no show charge you may again resume scheduling an appointment. There may be some conditions based on payer types where someone might be placed on a "same day" appointment policy. A third no show will result in termination of care.

Fees for Minors: In the case of minors, the parent that signs the fee agreement is responsible for payment. As it relates to custody it is the parents' responsibility to come to an agreement related to payment of any account balance.

Address changes: You are expected to notify us immediately of changes in address, phone numbers, insurance coverage, etc. Failure to notify Kathy W. Bonds of changes to insurance will result in an expectation of you paying the charges incurred. Insurance companies generally do not allow back billing.

I hereby authorize Kathy W. Bonds to furnish the above named insurance company (ies) or other named parties responsible for payment with information requested and necessary for payment of services provided. I further authorize payment directly to Kathy W. Bonds for services provided. I am further aware that failure to pay, may result in action taken to collect my fees, and that in doing so, Kathy W. Bonds will be disclosing that I have received services at their agency.

Signature of Responsible Person

Date

Who recommended you come for therapy?

What made you choose Kathy W. Bonds for your counseling services?
