

## Financial Agreement

### Using Health Insurance Benefits

If you are using health insurance, any co-pays, co-insurance, or balances towards deductibles are payable according to your insurance plan. Payment can be made securely through the Client Portal, or in-office by cash or check made out to Undivided Soul LLC.

Co-insurance and co-pays are typically due at time of service. For your convenience, payments made by credit card are available online through the Client Portal and due upon receipt of invoice, no later than 30 days. Claims submitted towards deductibles will be invoiced to you after claim approval by your insurance company; balances are due upon receipt and no later than 30 days.

### Using Self-Pay

Private pay session fees are due at time of service by cash or check, or payable online through the Client Portal upon receipt of invoice, and no later than 30 days.

**I understand my responsibility to make prompt payment of any session fees, co-pays, co-insurance, or deductibles. I understand that fees are payable at time of service or upon receipt of invoice; I will pay my balance within 30 days.**

**Initials:** \_\_\_\_\_

### Late Cancellation Fees

Scheduled sessions that are not kept, or are canceled with less than 24 hours notice (except in cases of inclement weather, emergencies, and sudden illnesses), will be charged a cancellation fee equal to 50% of the session fee.

**I agree to pay any late cancellation fees I may incur.**

**Initials:** \_\_\_\_\_

### Enroll in Auto Pay (Optional)

The Client Portal allows you to securely store your credit card information for your convenience. You have the option to enroll in Auto-Pay, in which the system will automatically charge your card for the current balance due, following your appointment.

#### **Select a payment option:**

I elect to enroll now in Auto Pay and agree to allow my card to be billed following my appointment or receipt of invoice, for the current balance due.

I will manually pay my current balance, and I elect to enroll in Auto Pay beginning:

(enter date) \_\_\_\_\_

I would not like to enroll in Auto Pay at this time. I will pay by cash, check, or credit card at time of service or within 30 days of invoice receipt.

**I agree to uphold this financial agreement by paying the fees I am responsible for in a prompt manner through the payment method I have selected. This includes session fees, co-pays, co-insurance, deductibles, and any late cancellation fees. I may change my selections at any time.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name (Print): \_\_\_\_\_