



Client Financial Responsibility and Disclosure

Your signature below forms a binding contract between Redwood Therapy Group, the provider of counseling and the client or individual who is receiving counseling services or the Responsible Party for minor clients (those clients under 18 years old). The Responsible Party is the individual who is financially responsible for payment of any and all charges relating to counseling services including but not limited to charges for no-shows.

All charges for service rendered are due and payable at the **time of service**.

Medical Insurance: We have contracts with many insurance companies, and we will bill them as a service to you. As the Responsible Party, you are responsible if your insurance company declines for any reason.

The person signing on behalf of the client or individual receiving counseling, as the Responsible Party must:

- Know that the payment for any visit(s) without “authorization” is your responsibility to pay for.
- Understand that Redwood Therapy Group will authorize visits with the clients’ insurance as a service, but it is the Responsible Party’s responsibility to follow up with the insurance company.
- Present all current insurance cards prior to each office visit.
- Verify at each visit that the information is current by signing in with receptionist at time of visit.
- Pay any required co-pay at the time of the visit.

Late cancellations and No Show charges have will be charges the credit card on file In the amount of \$65.00

Returned Check Policy

If a payment is made on an account by check, and the check is returned as Non-Sufficient funds (NSF), Account Closed (AC) or Refer to Maker (RTM), the client or the Responsible Party will be responsible for the original check amount in addition to a \$20.00 service charge. Once notice is received of the returned check, Redwood Therapy Group will send a letter to notify the Responsible Party of the returned check. If a response is not made within 15 days from the letter date, by either the client or the Responsible Party, the account may be turned over to our collection agency and a collection fee of 50% will be added to the outstanding balance (in addition to the already applied \$20.00 returned check service charge).

Non-Payment on Account

Should collection proceedings or other legal action become necessary to collect an overdue account, the client or the client’s Responsible Party, understands that Redwood Therapy Group has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The client, or the client’s Responsible Party, understands that they are responsible for all costs of collection plus a 33% fee to the collection agency.

By signing below you agree to accept full financial responsibility as a client who is receiving counseling services or as the Responsible Party for minor clients. Your signature verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms. By signing below you are also acknowledging that the information on the front of this form is correct to the best of your knowledge. And you are authorizing your insurance benefits to be paid directly to Redwood Therapy Group. You are recognizing that you are responsible for any balances. You also authorize Redwood Therapy Group or your insurance company to release any information required to process your claims.

Client Name (Please Print) _____

Client Signature _____ Date _____

OR

Responsible Party Name (Please Print) _____

Responsible Party Signature _____ Date _____