



FINANCIAL AGREEMENT

This document will provide you with information about fees for service, payment, and your financial agreement. Lauren Pellizzi, LPC does not participate in any health insurance or managed care company plans. If you have "out of panel" or "out of network" insurance benefits, you will still be required to pay the full fee at the time that services are provided. You will be provided with a receipt, which has all the information that your insurance company typically requests. You could then submit the receipt to your insurance company for whatever reimbursement they allow. It is important that you understand that you are entering into a private contract with Lauren Pellizzi, which may be outside the parameters of your insurance plan.

FEES, PAYMENTS AND INSURANCE

I acknowledge that I have been informed, and am aware of the fees for services provided by Lauren Pellizzi, LPC. I agree to pay the rates as outlined below. Therapy sessions are charged at \$175 for a 60-minute diagnostic evaluation, \$160 for subsequent 60-minute sessions, \$140 for 45-minute sessions and \$110 for a 30-minute session. Sessions that are longer than 60 minutes are prorated. This rate also applies to other professional services that you may need, including telephone consultations of more than 10 minutes, report writing, preparation of records or treatment summaries, travel time, etc., unless indicated and agreed upon otherwise. Adjustments in fees and payment schedules can be negotiated for reasons of financial need.

I understand that all payments are due at the time of each session unless other arrangements are made in advance. I accept cash or checks. Credit cards are accepted as an alternative payment with a \$5 processing fee. There is a \$35 service charge for all returned checks. I understand that the company SQUARE is used for authorizing credit card payments.

I understand that it is my own responsibility to be aware of my insurance benefits and verify the specifics of my coverage. Not all issues/conditions/problems that are the focus of treatment are reimbursed by insurance companies.

PLEASE NOTE: If you do not show up for a scheduled appointment, or if you cancel less than 24 hours before the appointment time, you should expect to be billed for the entire amount of the session cost, charged to your credit card on file.

Your signature on the Signature Page indicates that you have read the information in this document and agree to abide by its terms.



AUTHORIZATION FOR CREDIT CARD PAYMENTS

Your credit card on file is only used for no show and cancelation fees, and balances not paid by the financially responsible person within 90 days. Your credit card will not be used in any other circumstance without your consent.

I authorize Lauren Pellizzi LLC to keep my signature on file and to charge my account under the below stated conditions. **Please initial below to indicate your understanding.**

_____ Balances not paid by financially responsible person within 90 days

_____ \$160 for each missed appointment or cancellation with less than 24 hour notice

Patient Name: _____

Card Holders Name: _____

_____ Visa _____ MasterCard _____ Discover _____ American Express

Card # _____

Expiration Date _____ / _____ / _____ 3-Digit Code _____

Signature _____ Today's Date _____