Advanced Counseling and Testing Solutions LLC
2121 Oregon Pike, Suite 201
Lancaster, PA 17601
(717) 208-6599
www.ACTSofLancaster.com

Fee Agreement and Cancellation Policy

By signing this document, I am entering into a contract with Advanced Counseling and Testing Solutions, LLC regarding payment of fees for services rendered.

1. FINANCIAL RESPONSIBILITY: I acknowledge full financial responsibility for services rendered at Advanced Counseling and Testing Solutions, LLC. Payment of these charges is collected at the time of service. I understand that any charges incurred by Advanced Counseling and Testing Solutions, LLC associated with collection of payments (e.g., insufficient funds, collection cost, denial of insurance benefits) will be forwarded on to me.
2. CANCELLATION / NO SHOW POLICY: As appointments that are cancelled with less than 48 hour notice typically cannot be filled with other clients, any cancellation made with less than a 24 hour notice or any appointment missed will result in the client being charged for the appointment. **Rates are $50 for appointments cancelled with less than 24 hours' notice and for appointments missed without notification.** These charges are not billable to any insurance company. Appointments cancelled due to inclement weather, will not incur a charge.
3. SERVICE TERMINATION: I understand that if I do not make payments for services at the time of service, Advanced Counseling and Testing Solutions, LLC reserves the right to suspend treatment, upon appropriate notice, and will assist in making a referral elsewhere.
4. **COLLECTIONS**: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, attorney fees and/or court costs, if such be necessary. You agree, in order for us to service your account or to collect monies you may owe, Advanced Counseling and Testing Solutions, LLC and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.
5. INSURANCE: Your specific policy is an agreement between you and your insurance company. Please keep in mind that you are responsible for your total obligation should your insurance benefits result in less coverage than you anticipated (i.e. deductible).
6. COPY OF CHART: There will be a charge of $35.00 for anyone who requests a copy of their chart, contents are up to the discretion of our clinical director.

I have read, fully understood, and agree to the above fee agreement and cancellation policy.

Client's Name:
_____D.O.B._____

Responsible Party's Name:
_____

Responsible Party's Signature:
_____DATE:_____

Responsible Party's Social Security #:
_____

Helping clients is our mission not only our profession!