PAYMENT AGREEMENT FOR SERVICES

Child's Name: _____

PAYMENT INFORMATION

Payment for services is due at the time services are rendered. All balances must be paid in full prior to your final appointment. Payment plan options are available if needed; please inquire with the office administrator for more information. If you are using insurance, please keep in mind that you are responsible for any charges that are not covered by your insurance carrier, as verification of coverage for specific services does not guarantee claim payment for those services. Additionally, some services, including certain assessment measures and field visits, are not covered by insurance and are billed at private pay rates.

PRIVATE PAY FEES

Our private pay hourly fee is $200 for appointments and other professional services and may be broken down incrementally for periods of service less than 50 minutes. These other services may include report writing, telephone conversations over 15 minutes, meeting attendance (e.g., IEP meetings), preparation of records or treatment summaries, and time spent performing any other services you request. If you become involved in legal proceedings that require our participation, you will be charged for our professional time even if one of our doctors is called to testify by another party. Because of the involvement and complexities of legal proceedings, we charge $400 per hour for legal preparation and attendance.

Field visit fees include travel time. The fee for a one-hour field visit is $275 within 25 miles of the Young Mind Center. Any distance traveled over 25 miles will be billed at a rate of $3.50 per additional mile from the office. For example, a visit to a location 30 miles from the office would be an additional 5 miles and would be a total of $292.50 [$275 + (5 x $3.50)]. The fee for a longer field visit increases incrementally at a rate of $200 per hour.

BOOKING FEE & CANCELATION POLICY

Evaluation services require a $50 non-refundable booking fee to schedule an appointment. This fee will be applied to the services rendered. No refunds will be given for canceled appointments.

Young Mind Center requires 24 hours' notice if you must change or cancel an appointment. In the event that you must cancel your appointment without providing sufficient notice, your credit card on file will be charged $50.

PAYMENT OPTIONS

Automated Clearing House (ACH): ACH payments are those payments you have authorized YMC to process directly from your U.S. financial institution. It is a bank-to-bank transfer of funds that you have pre-approved for your expenses at YMC. Payments may be made from either your checking or savings account.

Credit Card: YMC will charge your payments directly to your credit card.

- YMC will email you an invoice prior to initiating payments for services rendered outside of office visits. _____ (initial)
- If you wish to stop ACH or credit card payments with YMC, you must notify YMC in writing at least five (5) business days in advance of a scheduled payment. I understand how to stop payments. _____ (initial)

RETURNED PAYMENTS

If a payment is returned, YMC will assess a $25.00 fee in addition to the fee your financial institution may impose. The $25.00 fee in addition to the payment due to YMC must be paid within two weeks or services may be suspended.

PRIVACY PRACTICES

YMC takes reasonable measures to protect the private financial data provided to YMC. In the event of a breach or suspected breach of confidential information, YMC will notify you within three (3) business days.

PAYER/RESPONSIBLE PARTY INFORMATION (To be completed by person responsible for making payments.)

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ ZIP _____

MOBILE PHONE _____ WORK PHONE _____

EMAIL _____ PAYER'S DOB (REQUIRED) _____

PAYMENT INFORMATION (choose one)

1. Bank Payment

ROUTING NUMBER _____ ACCOUNT NUMBER (Non-business accounts only) _____

☐ Checking Account (attach voided check) ☐ Savings Account

FINANCIAL INSTITUTION NAME _____

CITY _____ STATE _____

PHONE _____

2. Credit Card Payment

☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover
(Check, Debit, or ATM Cards may be returned unpaid due to daily limit restrictions imposed by your bank.)

ACCOUNT NUMBER _____

EXPIRATION: MM/YYYY _____ CVV (4 digits on front AMEX) _____

PAYMENT AGREEMENT

By signing this agreement, I hereby agree to be the responsible party whether or not named as the responsible party above. I hereby accept and agree to be bound by the terms and conditions contained within this Payment Agreement for Services and authorize Young Mind Center to initiate debit/charge entries to the account listed or any subsequent account provided and to debit/charge the same such account. In the event that I am not the responsible party named above, then I shall be deemed to be the responsible party for all purposes under this Agreement.

I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS NOTED ABOVE.

PRINTED NAME OF RESPONSIBLE PARTY _____ DATE _____

SIGNATURE OF RESPONSIBLE PARTY _____ DATE _____