

4800 Main St., Suite G-29  
Kansas City, Missouri 64112  
Phone (816) 561-3726  
Fax (816) 561-7412

Name: \_\_\_\_\_

Hourly Fee (per 45-minute session): \$ \_\_\_\_\_

Initial Interview (including setup fee): \$ \_\_\_\_\_

## **FINANCIAL RESPONSIBILITY STATEMENT**

I agree to be responsible for the charges I incur as a result of counseling and/or assessment. I understand that charges are based on the amount of professional time used. I understand that if I fail to give 24-hour notice of cancellation, I will be charged for the time which has been reserved for me. Brief professional services, such as telephone conversations with my counselor and the filling out of forms by my counselor may be billed at the normal hourly rate (in quarter-hour increments). I understand that all payments are due at the time services are rendered unless other arrangements have been made in advance.

I would like to handle my account in the following way:

I will pay in full each visit.

I will pay the full amount of fees which are not covered by insurance. I understand that it is my responsibility to know what my deductible is and the percentage at which my insurance reimburses fees for professional services. I hereby authorize payment directly to MIDWEST of the group coverage benefits otherwise payable to me. I also authorized the release of any medical information necessary to process this claim.

I agree to notify MIDWEST of any changes in my insurance or in my financial situation. I will also notify MIDWEST of any changes in my address or telephone number. If my account should remain unpaid for more than 90 days, I understand that state law provides that interest may be charged on the outstanding balance at the rate of 9% per annum. If my account should fall more than 120 days in arrears, I understand that it may be turned over to a collection agency for collection. The agency, in turn, may communicate account information about my unpaid account to a credit bureau. I agree to pay all reasonable attorney fees and collection expenses incurred in the collection of my account.

I acknowledge receiving a signed copy of this agreement.

\_\_\_\_\_  
Signed (Client or Guarantor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date