



## Milk and Honey Specialized Breastfeeding and Postpartum Support Center Agreement to Pay for Professional Services

1. I request that Milk and Honey provide professional services to me and/or my child and I agree to pay their fee of \$ \_\_\_\_\_ for the initial consultation and \$ \_\_\_\_\_ for follow-up sessions, and/or a co-pay/co-insurance amount of \$ \_\_\_\_\_, if applicable when I am using insurance. \_\_\_\_\_ (Initial)
2. I acknowledge that a verbal pre-authorization is not a guarantee of payment in full by my insurance company. I agree to pay any and all uncovered services rendered. \_\_\_\_\_ (Initial)
3. I agree to inform Milk and Honey if my insurance coverage lapses or changes. If I fail to inform Milk and Honey of any potential changes in my coverage, I acknowledge that I am responsible for all and any charges. \_\_\_\_\_ (Initial)
4. I also understand that, when submitting to insurance for services provided by Milk and Honey:
  - I may have an annual deductible, and that deductible may zero out each New Year (actual date may vary by insurance carrier). \_\_\_\_\_ (Initial)
  - Fees for services provided by Milk and Honey may or may not be (fully or partially) covered and/or applied to my deductible. \_\_\_\_\_ (Initial)
1. If I am using insurance, I understand that Milk and Honey will make their best effort to help me find out what my health coverage is and help me with necessary authorizations, etc., but that ultimately I am responsible for payment for all uncovered expenses. \_\_\_\_\_ (Initial)
2. I agree to pay with check or cash or credit card. \_\_\_\_\_ (Initial)
3. I agree to pay \$25.00 for any returned checks. \_\_\_\_\_ (Initial)
4. I agree to pay a missed session fee of \$50 if I do not show up for my scheduled appointment or if I cancel my appointment with less than 48 hours notice. I understand that insurance companies do not pay for missed sessions. I understand that if there are extenuating circumstances, Milk and Honey may choose to waive the missed session fee on a case-by-case basis. \_\_\_\_\_ (Initial)
5. I have also read Milk and Honey's Rights and Responsibilities form and agree to act according to everything stated there, as shown by my signature below and on that form. \_\_\_\_\_ (Initial)

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Signature of Parent

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Date

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Signature of Consultant/Therapist

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Date

By checking this box, I am acknowledging that I am electronically signing this form.