

## 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)
5. 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 ultimately I am responsible for payment for all uncovered expenses. \_\_\_\_\_ (Initial)
6. I agree to pay with a check or cash or credit card. \_\_\_\_\_ (Initial)
7. I agree to pay \$25.00 for any returned checks. \_\_\_\_\_ (Initial)
8. 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 24 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)
9. I agree to allow Milk and Honey to put my credit card on file, and to charge the card on file for the outstanding balance if my bill is overdue by 30 days past the first invoicing. \_\_\_\_\_ (Initial)
10. 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)

---

Signature of Parent

Date

---

Signature of Consultant/Therapist

Date

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