



## ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

Thank you for choosing Lewisville Family Counseling for your care. We are committed to providing you with high quality care in a cost effective manner. Seeking our services implies your acceptance of financial responsibility and obligates you to ensure payment in full for the services you receive. As a client of Lewisville Family Counseling, you agree to provide this office current credit card information which will be used to cover any unpaid charges. You also agree to ensure that the credit card information on file is current and up to date at all times. (Please refer to the separate Credit Card Payment Form.)

If you have insurance coverage with a plan we accept, we will submit your claim to your insurance carrier as a courtesy to you. You agree that you are responsible for any deductible, copayment, or any service that is not covered by your policy.

If you do not have insurance, or if you have coverage with a plan we do not accept, you will be considered a "private pay" client and payment is due at the time of service. Likewise, if you do not provide correct insurance information to our office at the time of your appointment, your credit card on file will be charged for the full amount billed. We will be glad to provide you with a Super Bill for you to submit to your insurance company for any reimbursement.

*I HAVE READ AND AGREE TO ABIDE BY THE ABOVE STATEMENT OF FINANCIAL RESPONSIBILITY, AND I AGREE TO ENSURE PAYMENT FOR SERVICES RENDERED AT LEWISVILLE FAMILY COUNSELING.*

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Client Signature

Date

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Parent/Guardian Signature

Date