



Shores of Hope, PLLC

Payment Contract with Shores of Hope, PLLC

Your health insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. Your insurance company can usually best answer your questions. Please make a point to know your insurance benefits. It is your responsibility to know your insurance company's procedures and coverage. If you are not certain of your benefits, please contact the benefits coordinator at your (or your spouse's) employer for clarification.

In order to secure your appointment, I require that I have a credit card on file for all clients. This credit card will not be billed unless you choose to use your credit card as the form of payment (see below), or in the case of a missed appointment without the agreed upon 24-hour cancellation policy.

Forms of Payment:

I accept the following forms of payment: Cash, Check, Visa, MasterCard, and Discover. This is expected on date of service.

Please indicate payment option:

_____ Full payment at the time services are rendered. No insurance will be used. Please sign agreement below.

_____ Private Pay or Co-Pays/Deductibles

Agreement

I have read the above information. I understand and agree to this payment contract. I understand that I am responsible for my fee and that fees are payable at the time of service. In the event of default, I agree to pay any collection costs and reasonable attorney fees as may be required to effect collection of this note. Further, I understand that if such action is necessary, confidentiality related to the indebtedness cannot be guaranteed, and I hereby waive that right.

Signature

Date