

SLT THERAPY, PLLC

PATIENT INFORMATION REGARDING PROFESSIONAL FEES

I understand that payment is expected at the time of delivery of service. I authorize Samantha Ter Heege, MA, LPC, CART or her authorized representative to charge my credit card.

I UNDERSTAND THAT I WILL BE CHARGED FOR MISSED APPOINTMENTS AND CANCELLATIONS WITH LESS THAN 24 HOURS NOTICE. All cancellations should be **CALLED** into the office. Feel free to leave a message after hours and on weekends to avoid a late cancellation fee. Please be aware that insurance will not cover charges for missed appointments or late cancellations.

IT IS CLEAR THAT THE FINANCIAL RESPONSIBILITY FOR SERVICES PROVIDED IS YOURS AND THAT INSURANCE IS FOR YOUR REIMBURSEMENT.

I am not in-network with any insurance company. I do **NOT** bill the insurance company. Providing me with your insurance information (card), and payment in full, will enable me to provide you with a standard insurance claim form (HCFA 1500), that you may choose to file with your insurance company for any out of network benefits you may have, payable to you.

I understand that if I am involved in any legal action that requires testimony or deposition, that Samantha Ter Heege, MA, LPC, CART will charge a fee of \$300 per hour portal to portal. This fee also includes time spent preparing for the testimony or deposition and making copies of any records involved. There will be a 3-hour minimum charge for any testimony or deposition.

Patient Name: _____

Cardholder Name: _____

Card Statement Address: _____

____ MC ____ Visa Credit Card #: _____

Expiration Date: _____

CV#: _____ Email Address: _____

Authorized Signature: _____ Date: _____