SLIDING SCALE PAYMENT AGREEMENT

I understand that I am expected to pay for service at the time it is rendered, unless Thrive Therapy Group agree otherwise or unless I have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. A fee adjustment or a payment installment plan may be negotiated in circumstances of unusual financial hardship. I will be informed of payment fee schedules prior to rendering services or at the beginning of the first session. A $25 charge may be required for returned checks.

I understand that if my patient balance exceeds $250.00, service may be suspended, while I continue to make payments toward my balance at Thrive Therapy Group. Additionally, I will be offered a referral to another clinic where I will be able to continue my treatment. Moreover, I understand that any disputes regarding the balance need to be addressed and resolved with the clinician I have been receiving services from.

I understand that if my account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, legal action may be used by Thrive Therapy Group to secure payment. This may involve hiring a collection agency or going through small claims court, which will require disclosure of otherwise confidential information. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim. I also understand that there is a $3.00 charge from the billing company as a re-bill fee for sending a statement.

I _____ am paying privately for services.

Based on my ability to pay, I agree to pay:

_____ - Intake Evaluation
_____ - Individual Therapy
_____ - Family Therapy
_____ - Testing
_____ - Extended Sessions
_____ - Group(s)

Patient Name:_____ Date:_____

Signature:_____

Parent/Legal Guardian Name: _____

Clinician Name and Credentials: _____

Revised 11/23/22