Cindy Pratt, M.A. , L.P.
P.O. Box 6668
Minneapolis, MN 55406
(612) 721-6886

PAYMENT AND RESPONSIBILITY AGREEMENT

_____1.I understand that insurance may cover a portion of my therapy sessions. This does not, however, constitute a guarantee of payment by my insurance company.
_____2. I understand and accept my responsibility to pay for services rendered to me whether or not insurance payments are received.
_____3. I hereby give a lien on any and all proceeds received from any insurance payments for all sums, which may be owed for services rendered to me.
_____4. I understand that any appointments that are not cancelled 24 hours in advance will be charged to me at the full price. ($160.) Insurance will not cover this.
_____5. .I authorize Cynthia Pratt, M.A., Licensed Psychologist to release any medical information necessary to process insurance claims. I further authorize payment of medical benefits to Cynthia Pratt, M.A., Licensed Psychologist.
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_____6.. I agree to make payment of co-pay and/or deductible at time of each session.

Insurance companies are required by law to provide each policy holder with an EOB (explanation of benefits) before they send one to us, thus providing the policy holder with an understanding of where he or she stands with deductible, co-payment and/ or percentage payments. If you do not receive these EOBs, please call your insurance company.

Your insurance information is outlined in your policy. Because that information can sometimes be complicated, I can, as a courtesy, contact your insurance company to verify benefits before our first appointment so that we can get a reasonable idea of what to expect regarding reimbursement from insurance. However, you remain responsible for your therapy bill and understand that information given by insurance companies is not always 100% accurate and subject to terms in your policy including pre-existing conditions, deductibles and plan limitations.

Co-payments and deductibles are expected at the time of your visit. If this is a problem, please discuss it with me in advance of your appointment.

I, the undersigned, agree to all terms and conditions outlined in this agreement.

_____ _____
Patient Signature Date