

PAYMENT POLICY

It is the policy of this office to secure payment at the time services are rendered. We are not providers for any insurance carrier, and, accordingly, we do not know how much any given insurance carrier will pay for the services rendered, or whether you will be subject to any deductible or co-insurance. Accordingly, we must ask you to pay for all services rendered in full, and seek reimbursement from your carrier. We will be happy to assist you in preparing all forms necessary to obtain reimbursement.

We reserve the right to discontinue professional services if you do not pay for all services as they are rendered. All balances unpaid for more than thirty days will accrue interest at the rate of 18% per annum or at the highest rate permitted by law, whichever is greater. Additionally, should collection of your account be necessary, you will be responsible for all costs of collection, including, but not limited to, attorney's fees and costs, both prior and subsequent to the institution of any civil action, both at the trial and appellate levels. Exclusive venue for any collection action shall be the courts of the Seventeenth Judicial Circuit in and for Broward County, Florida, and all actions shall be tried without a jury.

By signing the form, you agree to all of the above provisions. We thank you for your understanding.

Amount of payment per session: \$_____.

Print Name

Date

Signature