

*Southeast Psychotherapy Associates, PLLC*

6065 South Quebec Street, Suite 202  
Greenwood Village, Colorado 80111

(303) 694-1795 office  
(303) 694-3290 facsimile

**FINANCIAL CONTRACT  
ELECTRONIC PAYMENT AUTHORIZATION**

*Payment is due at the time of service unless otherwise agreed upon by your provider.*

Please indicate the form of payment you wish to use for any services rendered through this practice. This information will be securely stored in your clinical file and may be updated upon request at any time. A \$30 fee will be assessed for returned checks and failed attempts to collect from your authorized credit or debit account.

All clients are required to have a credit card number on file even if this is not your preferred form of payment. This card will be used in the case of an outstanding balance that is not paid within one month of the date that the invoice is issued.

Credit/Debit Card Information: Card Type (circle one) Visa MC Discover HAS  
Card Holder Information: Please indicate the name and address associated with the card:  
Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Card Security Code: \_\_\_\_\_

Signature of Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Clients Using Insurance:**

By using your insurance benefit, you are agreeing that your carrier will be billed directly for each session and that you have assigned benefits to be paid directly to your provider. Some plans require authorization to use your mental health benefits. It is your responsibility to obtain proper authorization from your insurance company and to know your financial obligation. Your copayment is \_\_\_\_\_ for each session. This is subject to verification by your insurance company. PPO plans often require a deductible is met before insurance pays a percentage of the bill. In this situation, you may be responsible for 100% of the allowable amount, initially, until you have met your deductible. My deductible is \_\_\_\_\_.

**Clients Not Using Insurance Benefits:**

Please contact your individual provider for “out of network rates”, as fees vary with providers. If requested, you will be provided with a billing statement that may be submitted for out of network insurance reimbursement and/or for tax purposes.

All Clients: Please remember that when an appointment is scheduled you are contracting for this 45 minute time period of your provider’s time. If appointments are not cancelled within 24 hours of the appointment time, you will be charged a fee.