

Integrated Therapy Center
108 Fairway Terrace
Mt. Laurel, NJ 08054
856-787-7150

Financial Statement

By entering into this contract for therapeutic services with ITC, you are taking responsibility for the balance of all services rendered. Whether you are using your health insurance to offset the cost for therapy or paying privately, you ultimately assume any and all debt incurred while in therapy and subsequent charges that may apply.

While we are persistent in working with your insurance company to collect fees, there are times in which payment for services will be refused. These situations include but are not limited to a disagreement over diagnosis, services not authorized, late submissions of bills, and improper documentation. If they deny services for any reason and we are not able to negotiate the matter with them in a timely manner, the balance of money owed is yours. In these situations we may still work with you however to help you get reimbursed.

Keep in mind that we ask clients to be responsible for missed appointments by paying for the reserved time slot whether you attend or not (unless you cancel within 24 hours). And while we recognize that situations occasionally arise that prevent a client from making their scheduled appointment on time we don't make exceptions, even for emergencies. This ensures that your therapist will continue to experience goodwill toward you the client. Paying for missed sessions is not a penalty, it is taking responsibility for the time you have reserved that could have been used by somebody else in need.

By providing us an imprint of your credit card, you are authorizing us to charge you for money owed as outlined above. Before using your credit card we will make every reasonable effort to get a hold of you to let you know that you have a balance that needs payment. We charge a \$20 servicing fee if you terminate therapy and we must use your credit card to pay your balance. Charging your credit card may eliminate the need for other forms of collections.

Thank you for your cooperation in this matter.

Jared Scherz, Ph.D., M.Ed., LPC
Director

I have read, understood, and agreed to the contract described above. I understand that a new form must be signed and a new imprint made every twelve months.

Printed Name

Signature

Date