

Therapy & Assessment Center (TAC)
(For Selected Client's Only)

I also agree to pay a fee of \$10 plus the amount of the check for any returned checks.

I understand the following regarding use of insurance or the sliding fee scale: If I have insurance coverage with a company that TAC is in-network with, I have the following options:

Bill my insurance using an approved diagnostic code at the fees provided _____

Pay the fee in full, if I have insurance coverage with a company that TAC is out-of-network with (any company not provided), I have the following options:

Bill my insurance using an approved diagnostic code (in which case I could be responsible for the difference between what my insurance covers and the full amount listed above, regardless of what the allowed amount would be for an in-network provider) _____

Decide not to use my insurance and pay in cash, using TAC's sliding fee scale, which is an objective fee scale based on my income and other factors. If I do not have insurance coverage, I have the following option:

Pay the fee in full if my income exceeds \$80,000/year _____

Pay the appropriate amount based on the sliding fee scale if my income is less than \$80,000/year. The agreed upon fee per 50-minute session is _____.

Comments or notes about fees or fee arrangements:

Client: _____ Date: _____

Parent/guardian: _____ Date: _____

Therapist: _____ Date: _____