

**Financial Agreement**

Please read this agreement carefully. I will be happy to answer any questions you may have.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client), understand that my insurance is an agreement between the insurance company and myself. I understand that Myriam Desrosiers, LMT, CCT will assist me in billing my insurance carrier. However, I am fully responsible for any payments due that are denied by my insurance company for any reason.

I assign payments to be made on my behalf to this provider for any services furnished to me. I authorize any holder of information about me to release such information needed to determine these benefits or to assist in the collection of payment for services.

If the bills for services are not paid within sixty (60) days by me insurance carrier, I am responsible for the balance on the sixty-first (61st) day.

In the event my insurance company does not pay in full for services provided, I hereby authorize the health care provider to charge all past due payments to my credit card listed below. If this card is invalid or we are unable to bill this card for any reason, I agree to pay all past due payments within 14 days of the dated bill.

In the event fees are not paid as requested, a collection agency and possibly legal action may follow. If so, I will be responsible for all reasonable costs associated with the collection of such fees, including, but not limited to, collection costs, attorney and court costs.

I further understand that Myriam Desrosiers, LMT, CCT has a 24-hour cancellation policy and the right to bill me $80 for any cancellation outside of that timeframe. Unless other payment methods are arranged, I authorize Myriam Desrosiers, LMT, CCT to charge my credit card $80 for the missed session.

**I have read and understand this financial agreement.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_ CVV:\_\_\_\_\_

Name of Cardholder (as it Appears on the Credit Card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_