Individual, Couple & Family Psychotherapy
Serving Belle Plaine, Burnsville, Cologne, Eden Prairie, Glencoe & Wayzata

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Addendum to the Pre-Authorized Healthcare Payment Form

Payment Plan towards Outstanding Balance

I, _____

agree to pay at least $_____ monthly towards the outstanding balance I am responsible for. I understand that if this amount is not paid or if my outstanding balance exceeds $500.00, then services will be postponed until payment is received.

If desired or necessary, my therapist will provide me with two alternative mental health providers so that I am able to continue my therapy.

I understand that this is an addendum to the Pre-Authorized Healthcare Payment Form which must be completed if paying by credit or debit card.

_____

Client Signature Date

_____

Therapist Signature Date