



2023 Financial Agreement

I understand that I am fully and directly responsible to NYFS for payment of services provided to my dependents or myself. NYFS agrees to assist me in processing my insurance claims for services provided. If the insurance company does not pay, I am responsible for full payment. I agree to turn over to NYFS any insurance payment I may receive as result of services provided. If my insurance company does not pay within 60 days of NYFS filing of claim, I am responsible for payment. Any payments not covered by insurance are due at the time of appointment, unless arrangements are made with NYFS.

I understand that payment on the account is due each month. If a credit card or HSA card is provided for this purpose all information is securely protected. The agreed upon balance will be charged on, or about, the 1st or 15th of each month. Other agreed upon payment arrangements may be made.

I understand that NYFS may employ the use of either a collection agency or small claims court on accounts which are overdue by 90 days or reach \$500.00 without payment and payment arrangements, and all filing and legal fees will be added to client's account.

Clinical Services Fees

Agreed upon rates for the current year are listed below:

Licensed psychologist, social worker, marriage and family therapist, professional counselor and trainee:

Intake appointment_____	\$250.00
Individual therapy (16-37 min)_____	\$115.00
Individual therapy (38-52 min)_____	\$150.00
Individual therapy (53+ min)_____	\$214.00
Family therapy (with patient)_____	\$170.00
Family therapy (without patient)_____	\$151.00
Group session	\$ 75.00

Psychiatry services

Psychiatric intake_____	\$420.00
Psychiatric follow-up (40 minutes)_____	\$250.00
Psychiatric follow-up (25 minutes)_____	\$170.00
My copay per visit is \$_____	(or balance after insurance)

Assignment Of Benefits

I hereby authorize direct payment to Northeast Youth & Family Services of any medical benefits otherwise payable to me for services provided by a therapist or psychiatrist affiliated with Northeast Youth and Family Services.

Release Of Medical Information

I hereby authorize Northeast Youth & Family Services to release my records to my insurance company for the purpose of processing my insurance claims. This authorization shall remain in effect as long as charges are being submitted for insurance claim processing or as long as dictated by payer.

Contact Information

Northeast Youth & Family Services considers your email address and other contact information to be confidential and will not disclose it to outside entities, including email communication between client and therapist. You are responsible for notifying NYFS if your demographic information changes at any time during your tenure as a client at NYFS.

Print Name

Date

Patient or Personal Representative's Signature

Relationship of Representative