

## PCH Self Pay Agreement

Attestation of Acceptance of Terms:

Based on your eligibility for discounts offered by Pacific Psychology and Comprehensive Health Clinic, at this time your fee schedule is as follows:

Therapy intake or first medical services appointment: \$ \_\_\_\_\_

Therapy sessions or medical services follow up appointments: \$ \_\_\_\_\_

If, at any time, you believe your eligibility has changed, please do not hesitate to inform us. We are committed to providing you with quality care at affordable rates.

### **Cancellation/lateness policy:**

Pacific Psychology and Comprehensive Health Clinic maintains a 24-hour cancellation policy. If you cancel within 24 hours or do not present to your appointment you may be charged a \$10 late cancellation fee. Being over 15 minutes late for your appointment might result in an automatic no show. Three or more late cancellations and/or no-shows within three months might result in being put on hiatus from receiving services.

Please initial below to indicate your understanding of, and agreement with, the following:

\_\_\_\_\_ I agree to pay the amounts listed above at the time of service(s).

\_\_\_\_\_ I understand the terms of the discount I am receiving.

\_\_\_\_\_ I am aware of the late-cancellation and no-show policy, and understand I will be charged \$10 if I cancel an appointment within 24 hours or do not present to my appointment.

### **For recipients of income-based discounts:**

\_\_\_\_\_ I agree to provide documentation of my income every 6 months for as long as I am receiving services with income-based discounts.

### **For recipients of prompt-pay discounts:**

\_\_\_\_\_ I am aware that if I do not pay in full at the time of service I will be charged the full price for any services I have received.

**I understand and agree to abide by the Self-Pay Agreement described above and I have disclosed to clinic staff if I have insurance.**

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**Client Name**

**Client Signature**

**Date**

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• **Legal Representative Name**

**Legal Representative Signature**

**Date**