



FINANCIAL POLICY

This statement is to inform you of the financial policy for patients receiving services from Spectrum Mental Wellness, LLC.

- Spectrum Mental Wellness. performs services necessary for the wellbeing of its clients, regardless of insurance benefits.
- Your co-pay, deductible, or self-pay fee is due at the time of service.
- It is ultimately your responsibility to know what your copay and deductibles are prior to services being rendered. We can provide you with an estimate of these fees based on the information provided by your insurance company to us. However, the most accurate way to obtain these rates is for you to contact your insurance company.
- If there is a remaining balance upon payment by your insurance company, you will be sent a bill for the remaining balance. You will need to pay it in full at that time.
- You are responsible for the payment of all treatment fees on your account. If your insurance company fails to pay, you will be responsible for the full amount.

I have read and accept this agreement and herewith consent to therapeutic services provided by Spectrum Mental Wellness LLC.

Client signature

Date

Parent or legal guardian signature

Relationship to client