



<b>INTERFACE-SAMARITAN COUNSELING CENTERS</b>
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**AGREEMENT TO PAY FOR SERVICES RENDERED**

**I agree to pay for the professional services that I receive.**

I understand that it is my responsibility to know the terms of my benefits for mental health services paid for by my insurance company, its affiliates (managed care), and/or my employee assistance program (EAP).

1. Knowing the amount of and meeting my deductible are my responsibilities.
2. Obtaining and documenting pre-certification for services (for myself and or my children) is my responsibility. (If pre-authorization or certification for mental health services is required by my benefit plan and has not been obtained prior to the first session, Interface-Samaritan Counseling Centers will charge me the full fee for the initial session (\$145.00).
3. Interface-Samaritan is not responsible for any dispute about payments for services between my insurance company and me.
4. If I do not use my insurance or EAP benefits for services, Interface-Samaritan Counseling Centers will not file for reimbursement at a later date.

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian/Managing Conservator Signature \_\_\_\_\_

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Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_