Selfpay Addendum

We strive to exceed expectations and eliminate financial surprises for all our patients. We want to partner with you in keeping your account accurate and up to date. Your patient financial rights and responsibilities are listed below. Please review and sign this document. The original document will be placed in your patient record and a copy given to you for your records by request.

- **All payments are due at the time of service**. You understand that if your health insurance does not include coverage for behavioral health benefits, you will be required to pay at the time of service. You understand that you have an option to set up a payment plan with Sherman Counseling Clinics for all patients' financial responsibility associated with each account. If you are unable to pay your balance in full, please contact Sherman Counseling Clinics to make arrangements for a payment plan.

- **No Show Fee/Late Cancellation Fee: I**f it is necessary to cancel an appointment, a **24 business-hour notice** is required. There will be a charge **up to $150** for late cancellations and "no shows" applied to my account, except in the case of emergency. For appointments that exceed an hour in duration, a no-show fee will be assessed for each hour scheduled. This charge is not covered by insurance and will be my responsibility. Sherman Counseling Clinics reserves the right to charge a higher fee for consistently missed appointments and also reserves the right to not schedule future appointments.

Financial Agreement

- I do not have insurance or do not wish to utilize my insurance coverage and agree to pay the self-pay rate of $_____ for the initial appointment and $_____for follow-up sessions

_____	_____	_____/_____/_____
Client Name (PLEASE PRINT)	Client Signature	Today's Date
_____	_____	_____/_____/_____
Parent Name (PLEASE PRINT)	Parent Signature	Today's Date
	_____	_____/_____/_____
	Provider Signature	Today's Date

**Baeten Counseling, Delta Center, and New Directions are a division of Sherman Counseling.*
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