



Payment Policy

All therapy fees (including session fees and/or co-pays, if applicable) are due at the time of service.

- I understand that I am responsible for all costs / fees that any third-party payer (ex. insurance company, private school, etc.) does not cover. In the event that a third-party payer source determines that rendered therapy services are “not covered” or otherwise denied, I will be responsible for all outstanding charges. I also understand that Wiregrass Therapy Associates, LLC will not become involved in disputes between you and your third-part source regarding uncovered charges or reasons for denial.
- I understand that if fees are not paid in full, treatment sessions may be postponed or cancelled until payment is received.
- I understand that all returned checks will be subject to a \$30 returned check fee. Charges incurred and not paid after 30 days may be turned over to a collection agency at the client’s expense. Overdue accounts may also be reported to a Credit Bureau.
- I understand that I am responsible for all legal and collection fees, which Wiregrass Therapy Associates, LLC may incur if payment is not made in accordance with the terms and conditions herein.
- I understand that refunds will be issued only in instances of overpayment. All refunds will be processed within 30 weeks/day after the overpayment is discovered on the client’s bill or at the time the refund is requested. Refunds for payments made with a credit card will be credited back to the credit card used, all other refunds will be issued by a check.

Print Name of Client

Date

Signature of Client, Guardian or Responsible Party

Relationship to Client