**TRI-LAKES RELATIONAL CENTER BRANSON**
*"Compassionate Christian Care and Counseling"*
A ministry of Tri-Lakes Church
2527 State Hwy 248 Branson, MO 65616
Phone-417-339-4041 Fax-417-336-0909

# FINANCIAL RESPONSIBILITY STATEMENT

Name:_____

Hourly Fee (per 45-minute session): $_____

Initial Interview (including setup fee): $_____

I agree to be responsible for the charges I incur as a result of counseling and/or assessment. I understand that charges are based on the amount of professional time used. I understand that if I fail to give 24-hour notice of cancellation, I will be charged for the time which has been reserved for me. Brief professional services, such as telephone conversations with my counselor and the filling out of forms by my counselor may be billed at the normal hourly rate (in quarter-hour increments). I understand that all payments are due at the time services are rendered unless other arrangements have been made in advance.

**I would like to handle my account in the following way:**

☐ ❑ Cash at the end of each session (exact change only; we are unable to make change)

❑ Check at the end of each session (payable to: TRC)

❑ Charge my credit/debit card at the end of each session

***The charge will appear on your bill as coming from: TRC.***

| | |
|---|---|
| ***Name on Card*** | ***Card Type*** |
| ***Credit Card Number*** | |
| ***Expiration Date*** | ***Security/CSC # (3 digit # on back)*** |

***Authorization:***

I hereby authorize ***Tri-Lakes Relational Center*** to charge the indicated credit card. I guarantees and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this agreement.

***Signature of Card holder (Required):***_____ ***Date:***_____

*Check this box in addition to one of the above **if** you are unable to afford the full fee.*

❑ ☐I do not have healthcare insurance which covers outpatient psychotherapy and am unable to afford the full fee. I wish to request a fee reduction and am willing to complete an application form which provides income data, number of dependents, debts/assets etc. I will also provide a copy of the previous year's tax returns.

I agree to notify TRI-LAKES RELATIONAL CENTER of any changes in my financial situation. I will also notify TRI-LAKES RELATIONAL CENTER of any changes in my address or telephone number. If my account should remain unpaid for more than 90 days, I understand that state law provides that interest may be charged on the outstanding balance at the rate of 9% per annum.

**I acknowledge receiving a signed copy of this agreement.**

_____ _____

Signed (Client or Guarantor) Date Witness Date