Financial Responsibility Agreement

Hope & Healing with Cara
Cara de Boer, LPCC, LMHC

I understand that Hope & Healing with Cara is a self-pay/private-pay practice unless otherwise specified in writing. I understand that I am financially responsible for all fees associated with services provided.

I agree to:

- Pay all fees for services rendered, including:
    - Intake appointments ($200)
    - Therapy sessions ($175)
    - Late cancellation fees ($75)
    - No-show fees ($100)
    - Paperwork or other professional services as outlined in practice policies
- Maintain a valid payment method on file when requested.
- Pay any outstanding balance in a timely manner.

I understand that payment is expected at the time services are rendered unless other arrangements have been agreed upon in writing.

If I choose to use out-of-network benefits or submit claims independently, I understand that:

- I am solely responsible for verifying my eligibility and coverage.
- Submission of superbills or documentation does not guarantee reimbursement from my insurance company.
- I remain fully responsible for all charges regardless of insurance reimbursement outcomes.

I understand that unpaid balances may result in:

- Temporary suspension of future appointments until the balance is resolved
- Referral of the account to collections or other lawful means of obtaining payment, when appropriate and permitted by law

Acknowledgment & Signature

By signing below, I acknowledge that:

- I have read, understand, and agree to this Financial Responsibility Agreement.
- I accept responsibility for payment of services provided by Hope & Healing with Cara.

Client Name: _____

Client Signature: _____

Date: _____