Financial Agreement

Primary Financially Responsible Party Information (this person will receive billing statements and is primarily responsible for paying the bill)

Printed Responsible Party Name: ______________________________ Date of birth: __________

Responsible Party Mailing Address: ______________________________

☐ I/we are the sole financially responsible party.

Secondary Financially Responsible Party Information:

Printed Responsible Party Name: ______________________________ Date of birth: __________

Responsible Party Mailing Address: ______________________________

I understand that it is my responsibility to coordinate payment arrangements with the primary financially responsible person. If this individual fails to make payments, I am responsible. I need to notify Kathleen if more than one individual requires a bill sent to them. INITIALS REQUIRED _____

Insurance Policy Information

☐ Client has Private or Group (Commercial) Insurance

☐ MN Care (PMAP)

☐ Client is currently uninsured

Assignment for Direct Payment / Guarantee of Account

I authorize the insurance company to pay Kathleen Mathews, LICSW directly for treatment. I agree to provide Kathleen Mathews with complete and accurate information about my healthcare insurance coverage. I understand that if Kathleen Mathews becomes aware of other applicable health insurance, she may not be able to provide services to me. I acknowledge that co-payment is incurred on the date I receive the service. I understand that I am financially responsible for all charges that are not covered by the insurance policy.

I also understand that I am responsible for knowing the benefits covered under my private insurance plan.

I understand that I need to notify Kathleen Mathews if there are changes in my healthcare insurance or responsible party information.

I understand Kathleen Mathews' cancellation policy and acknowledge that I may be charged a fee for violation of that policy.

Printed Responsible Party Name: ____________________ Relationship to Client: ____________________

Signature of Responsible Party: ______________________________ Date: ______________