

Tandem Wellness Center, LLC

Insurance and Fee Agreement

Tandem Wellness Center will bill your EAP program as a COURTESY to you. Should the claim be denied for any reason the responsibility for payment is YOURS. An invoice will be sent to you requesting receipt of payment within 30 days of the service date. If payment is not received in full within the 30 days a \$25 late fee will be added to the bill. If payment is over 60 days due it will be sent for collections and any additional fees incurred will be added. If you have health care coverage you **MUST pay for services at the appointment** and then will be given a statement to submit to your insurance company for reimbursement. Billing rate is based on the contractual rate with each insurance carrier and may vary.

Fees for all Self Pay clients are as follows:

Counseling session \$100 per hour

Nutritional Consult \$100per hour (reduced rate packages available)

Any time over the hour will be billed at \$25 per 15 minute increments

Group fees are: \$150 per group session

No Show or late cancellation (less than 4 hrs) will be billed a \$50 fee directly to the client. Signing this statement authorizes the fee be charged to a credit card on file.

I have read and understand the fee agreement. I take full responsibility for all fees left unpaid by insurance or EAP and will be fully responsible for all self-pay fees agreed upon.

Client Signature: _____ Date: _____

Parent or Guardian Signature: _____

Credit Card: Visa, MC, HAS: # _____ Exp: _____

Email: _____

