

## Prepayment of Services

I am electing NOT to enroll in Auto-Pay, which means I will not keep a credit/debit card on file with The Family Development Center. I agree to pay a refundable deposit amount and prepay estimated service fees prior to each of my sessions.

I understand that:

\_\_\_\_\_ There may be a delay in scheduling my first session to allow The Family Development Center staff enough time to verify my insurance benefits coverage and for me to make my deposit payment.

\_\_\_\_\_ If I would like an appointment prior to my insurance benefits being verified (typically within one week, but could take 10 days), I can make an initial payment in the amount of \$250.00, which would cover my deposit amount plus the full rate (\$200) for a standard diagnostic assessment. Please notify the Intake Coordinator you are working with and make the payment through [PayPal](#).

\_\_\_\_\_ A deposit of \$50.00 is required in case I were to no show, cancel last minute, or lose insurance coverage without knowing or notifying The Family Development Center. I can make my deposit payment through my [client portal](#) account (once invited to the portal), [PayPal](#) or [Square](#).

\_\_\_\_\_ It is my responsibility to pay for my services prior to each session. I will not receive an invoice or reminder. Payment options can be found on Family Development Center's [Payments & Insurance](#) page.

\_\_\_\_\_ Making a payment through my client portal account ON THE DAY OF MY SESSION is the preferred method of prepayment.

\_\_\_\_\_ If I notify my therapist ahead of time, I can make my prepayment at the beginning of the session with a valid credit/debit card\*. If I am unable to cover my prepayment, my appointment will be rescheduled and it will count as a late cancellation. I will not be able to schedule another appointment without a new deposit payment. \*In-person clients can pay with cash.

\_\_\_\_\_ If I do not show up for my session, my deposit will be used to cover the no-show fee and I will not be able to schedule another appointment without a new deposit payment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date