Lynette Pang
LH #00009904
2366 Eastlake Ave E Suite 312
Seattle WA 98102

Client Financial Responsibility Form

Thank you for choosing Phase 3 Counseling & Consultation PLLC as your mental health provider. I am committed to providing you with the highest level of quality care. Please take a few minutes to read and sign this form to acknowledge your understanding of Client Financial Responsibility Policies.

Client Financial Responsibilities:

- Clients are ultimately responsible for the payment of all treatment and care.
- If you are using insurance, we will submit claims to insurance companies, as appropriate. You, the client, are required to provide the most correct and most updated information regarding insurance.
- Clients are responsible for payment of copays, coinsurance, deductibles and all other treatment not covered by their insurance plan. Should a claim be denied, clients will be ultimately responsible for payment. If there is a deductible that first needs to be met, a credit card will be required to be kept on file. Copays are due at the time of service. Cash, check, and credit card are accepted forms of payments. Credit card payments incur a 3.5% service fee.
- Clients may incur, and are responsible for payment of additional charges, if applicable. These charges may include:
    - Charge for returned checks – $25.
    - Charge for cancellations without 48-hour notice – $100

By my signature below, I hereby authorize assignment of financial benefits directly to Phase 3 Counseling & Consultation, PLLC & Lynette Pang for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment. I have read, understand, and agree to the provisions of this Client Financial Responsibility Form.

_____ _____

Client Date

Acknowledged by:

_____ _____

Counselor Date