



Beginning January 1, 2023

Self-Pay Agreement

Patient: _____ Date: _____

_____ I do not have or have exhausted my insurance coverage.

_____ I do not wish to submit to my insurance company.

_____ My insurance has deemed my treatment as not medically necessary.

_____ I am pursuing legal proceedings to cover my medical expenses.

_____ I am not a U.S. citizen and I plan to submit to my insurance company on my own.

_____ My Insurance is out of network.

Payment Policy: Therapydia, Inc. requires payment at time of service. It is not our policy to “wait for a settlement” or for the outcome of a hearing or insurance appeal.

I Understand and Agree to:

_____ Pay \$150 upon Initial Evaluation and \$110 for a 30 minute session per each date of service as payment.

_____ I understand and agree that I am ultimately responsible for full payment of services.

Payment is due on date of service. No exceptions

Patient Signature _____ Date _____

Guardian Signature _____ Date _____

Therapydia, Inc. Representative _____ Date _____