

Turning Point Psychotherapy Associates, LLC
558 West Uwchlan Avenue, Suite 100
Exton, PA 19341

CLIENT FINANCIAL RESPONSIBILITY STATEMENT

I hereby authorize Turning Point Psychotherapy Associates, LLC (TPPA) to release any information obtained that is necessary to support insurance claims (private and government-sponsored) on my behalf, and request that payments be made directly to TPPA and its providers. TPPA agrees to accept the reimbursement pre-determined by private and government-sponsored insurance programs and will only charge clients for their deductible, co-insurance, and/or non-covered services, as outlined below:

Late Cancellation or Missed Appointment.....	\$ 75
Returned Check Fee.....	\$ 30
Official Correspondence.....	\$ 50
Phone Consultation w/other Providers (billed in 10 min increments ea).....	\$ 20

My signature below indicates that I agree to be responsible for any and all charges incurred by me, regardless of insurance coverage, and acknowledge that payment is expected at the time of service, unless arrangements have been made in advance.

Client Signature

Date

NOTICE OF PRIVACY PRACTICES FOR PROTECTION OF HEALTH INFORMATION*

My signature below indicates that I have read and understand the Policies and Practices of Turning Point Psychotherapy Associates, LLC to protect the privacy of my health information.

Client Signature

Date

PATIENT RIGHTS & RESPONSIBILITIES STATEMENT*

My signature below indicates that I have read, understand, and agree to the terms of the Statement of the Rights & Responsibilities of Patients.

Client Signature

Date

*The Notice of Privacy Practices for Protection of Health Information and the Patient Rights & Responsibilities Statement are on display in our waiting room. Please review them carefully and sign above. If you would like a copy for yourself, one will be provided.