



## Payment Policy

***SAC is committed to provide counseling services to all our Clients, and is here to help find a payment method that works for everyone.***

*We accept most major insurance, private pay, and provide assistance to those meeting criteria.*

In order to continue to offer services to the community S.A.C. is reliant on receiving payments (co-pays Insurance fees, or self-pays) when applicable.

If a Client **misses 2 payments in a row**, or develops a **balance of \$100**, Clients are asked to meet with the Client Account Manager to develop a payment plan **before** their next counseling appointment is scheduled.

If there is a change in your financial situation, as we understand may arise, please let the Client Account Manager and your Therapist know so the proper adjustments can be made.

***The Staff appreciates your thoughtfulness and consideration regarding funding your counseling experience with us at SAC.***

Please sign below to agree to our Payment Policy.

\_\_\_\_\_  
Client's Name (Signature)

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Date

**If Client is a minor:**

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date