

## Billing and Payment Policy

It's my pleasure to provide psychological care for you. At each session, it will be important for you to pay your portion of the session fee – unless:

- a. You have insurance coverage that requires another arrangement; or
- b. You and I agree to an alternative arrangement; or
- c. You have a financial hardship that requires a payment installment plan.

Please be aware that effective May 1<sup>st</sup>, 2023, billing services for my practice are provided by a 3<sup>rd</sup> party service. I am happy to relay questions you may have about your copay, coinsurance, or balance due to them on your behalf.

You may make payments by credit or debit card, check, or cash. Please provide card information on the form below. It's important to pay your account bill. If you do not pay on your account for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment.

Card Information:

Client Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing zip code: \_\_\_\_\_ Email for receipt: \_\_\_\_\_

I understand and agree to this billing and payment policy:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Jonathan M. Farrell-Higgins, Ph.D.  
3649 SW Burlingame Rd., Ste. 100 Topeka, KS 66611  
785-266-6751