

Minnesota Psychological Resources Third Party Payor Agreement

Third Party Payor: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

Client & Therapist Info

Client Name: _____

DOB: _____

Therapist Providing Services: _____

Location:

Minnesota Psychological Resources
12805 Highway 55, Suite 211
Plymouth, MN 55441
763.550.9005

Minnesota Psychological Resources
P.O. Box 413
105 Woodman Street
Pequot Lakes, MN 56472-0413
218.568.4500

Third Party Payor Agreement

1. The above listed client is financially responsible for all services provided by Minnesota Psychological Resources (MPR). This agreement with the third party payor allows MPR to render services without payment from the client at the time of those services.
2. The above listed third party payor will be invoiced for the agreed upon fee for the agreed upon number of sessions as listed on this form.
3. In the event the third party payor does not respond to the MPR invoice with payment, the client is responsible for the full fee for the services provided.
4. The third party payor may terminate this agreement to pay for services in writing at any time.
5. MPR will charge interest on unpaid balances 30 days after the date of service.
6. Psychological testing fees involve an additional charge and are not included in the charge for the therapy sessions.
7. Clinic appointments must be cancelled at least one business day and 24 hours prior to the scheduled appointment time to avoid a late cancellation charge. Third party payor has the right to defer payment for late cancelled or missed appointments to the client. MPR requests notification of this deferment.
8. In the event that MPR has been unable to collect payment for services from the third party payor and from the client, MPR has the right and will turn this account over to a collection agency, holding the client responsible.
9. There is a \$20 charge for NSF checks or any other checks that are returned to MPR.

Fee Agreement

The agreed upon fees for the following services are:

\$ _____ for the initial intake session (first session)

\$ _____ for each psychotherapy session

\$ _____ other _____

Limitations (if any)

This agreement is valid for _____ number of sessions

This agreement is valid through _____ (termination date)

Authorized Third Party Payor Signature

Date

MPR Representative Signature

Date