



17101 Snowmobile Lane Suite 109
 Eagle River, AK 99577
 Office: (907) 206-6433
 Fax: (907) 759-5170
 office@thetalkingplace.org
 www.thetalkingplace.org

SELF-PAY AGREEMENT

This Self-Pay Agreement is intended to provide Self-Pay patients and their parents/legal guardians with an understanding of the financial aspect of the healthcare services provided at The Talking Place, Child and Adolescent Counseling, LLC. Self-pay patients and parents/legal guardians should read this agreement and the provided Good Faith Estimate (GFE) thoroughly before deciding to proceed with treatment.

Procedure Code	Rate Schedule	
	Normal Rate	Self-Pay Discounted Rate
90791 – Intake	\$300.00	\$195.00
90837 – 60-minute individual session	\$260.00	\$169.00
90846 – 30-minute family session without patient	\$210.00	\$136.50
90847 – 30-minute family session with patient	\$220.00	\$143.00

Upon entering into this Self-Pay Agreement, patients and their parents/legal guardians understand and agree that (**Please initial each**):

- A Self-Pay Agreement must be signed for each patient that does not have insurance coverage or does not require The Talking Place, Child and Adolescent Counseling, LLC to submit insurance claims on their behalf.
- Patients and/or Parent(s)/Legal Guardian(s) are responsible for designating an individual who assumes financial responsibility for resolving any unpaid balances on the patient’s account (referred to hereafter as the *designated guarantor*).
- The designated guarantor will be required to register a payment card on file. At each visit, the payment card on file will be charged the unit cost listed on the patient’s most recent GFE.
- The designated guarantor will receive a bill from The Talking Place, Child and Adolescent Counseling, LLC for any unpaid balances for services rendered.
- The Talking Place, Child & Adolescent Counseling, LLC will not bill any insurance plan at a later date if the Patient/Parent/Legal Guardian elects to be Self-Pay on the date of service.

Designated Guarantor Information:

First & Last Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

X _____
 Designated Guarantor Signature Date

X _____
 Parent/Legal Guardian Signature Date