

CASH PAYMENT AGREEMENT
(For use with Medicare and commercial insurance)

Western Psychological and Counseling Services, PC.

I, _____, am choosing to make cash payments for the clinical services I receive at WPCS. I am doing this for the following reason(s):

- I do not presently have insurance with mental health benefits.
- I have mental health benefits with _____ (Insurance Company)
However:
 - I have exhausted my current outpatient mental health benefits
 - I am choosing not to use my insurance benefits at the present time.
 - I wish to be treated by a WPCS provider who is not a paneled member of my insurance network.
 - My concerns are not covered by my insurance benefits or are not deemed medically necessary by my insurer.

- I am choosing to schedule with a provider who is:**
NOT Medicare eligible (LPC, LMFT, CMHC, ALL CD PROVIDERS)
and am therefore waiving my use of Medicare and all other insurance(s) involved.

I agree to pay: \$ _____ for my initial evaluation.

\$ _____ for subsequent individual, couple, or family sessions.

\$ _____ for group sessions.

\$ _____ for follow-up medication management sessions.

This agreement pertains to services beginning _____ (date) and will remain in effect until such time as a new written agreement is made, or a valid insurance authorization is obtained and I consent for WPCS to bill my insurance. I agree to make cash payments at the time that services are rendered.

Client/Legal Guardian Signature: _____ Date: _____

Client Name (Please Print) _____

Provider Signature: _____ Date: _____