

KEN GATES AND ASSOCIATES

Preferred Payment Arrangement

I understand that I am responsible for co-pays, co-insurance and any portion of the fee not covered by my insurance company. I prefer to pay this cost through one of the following options. (please select one):

On line, through participation in the patient portal called Patient Ally. Please send me the invitation to the Portal through my email _____.

Credit Card on file. If I select this option, a separate form will be provided to me so that I can provide my credit card or HSA information. Charges will be deducted directly from my account according to the payment schedule I select.

Cash or check at the time of my visits. I understand that if I select this option, I may still be responsible for portions of the fee not covered by insurance. In that case, I will be billed for any outstanding balance.

Receiving a monthly statement. If I select this option, there will be a **\$10 charge** for statements sent to me. I will be responsible to pay the balance in full unless a payment arrangement has been established with my therapist.

Client and/or Guarantor

Print Name

Date