

# Hardy & Stephens Counseling Associates, PLLC

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## CLIENT PAYMENT PLAN

Client Name _____	Account # _____	
Home Phone # _____	Cell _____	Work _____
.....		
Name of Responsible Party _____	Relation to Client _____	
Address _____		
City, State, Zip Code _____		
Home Phone # _____	Cell _____	Work _____

### COLLECTION POLICY on PAST DUE ACCOUNTS & ACCOUNT PAYMENT AGREEMENT CONTRACT

Failure to make CONSISTENT payments as agreed to in this plan or to settle my account in full will result in HSCA, PLLC turning my account over to a collection agency or small claims court. If legal action becomes necessary, its costs will be included in the claim and I, the client understand that I, the client am responsible to pay these said fees. HSCA, PLLC reserves the right to discontinue services if client, the responsible party or I fail to fulfill the financial obligation.

HSCA, PLLC will provide resources to other agencies or facility if further serves are needed.

### Account Payment Plan Agreement (this portion filled out by office manager)

I understand the balance due on my account will go on the card I provide to H&S. I understand it is my responsibility to initiate a payment plan with the office manager before the 3<sup>rd</sup> week of the month if necessary.

I Agree to pay \$ \_\_\_\_\_ every \_\_\_\_\_ effective until Balance is Paid in Full

### A CREDIT CARD ON FILE IS REQUIRED



Card Holder Name \_\_\_\_\_

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

Exp Date \_\_\_\_\_

CV CODE \_\_\_\_\_

I hereby give consent to charge my credit card below for any outstanding balance at the end of each month such as deductibles, co-payments or other amounts my carrier determines a payable by me.

\_\_\_\_\_  
Name of Client / Responsible Party (Printed)

\_\_\_\_\_  
Signature of Client / Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Name (Printed)

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
HSCA Mgr (Printed)

\_\_\_\_\_  
Signature of HSCA Mgr

\_\_\_\_\_  
Date

Copy of Signed Account Payment Plan to Client / Responsible Party Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Phone: Appointments: 763-633-5111 / Billing: 763-633-5114 / Fax: 763-633-5112

www.hardystephens.com