Emily Driver Moore, Ph.D.
2418 Miles SE
Albuquerque, NM 87106
(505) 259-1414 *(505) 245-9161 fax*

FINANCIAL RESPONSIBILITY AGREEMENT

Please review the following information, and initial where requested to ensure that we have a clear understanding of the agreement between us.

____ *I, or the responsible party, will be accountable for the entire balance due for therapeutic services rendered.*

___ *I understand that 24 hours' notice is expected for cancellation of any scheduled appointment, and that I may be charged full fee for a missed appointment or a late cancellation.*

___ *I understand that full payment of the fee of $140 is expected at the time of service. No monthly statements will be sent, but at each session I will be offered a "superbill" (statement of service) if needed in order to file a claim for reimbursement by my insurance carrier. I understand that a clinical diagnosis is required in order to obtain reimbursement from my insurance carrier. Filing this claim will be my responsibility.*

_____ _____
Signature of Client or Responsible Party *Date*

_____ _____
Emily Driver Moore, Ph.D. *Date*

The responsible party may obtain a copy of this agreement upon request