JULIE ANN ALLENDER EDD

Licensed Psychologist

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Date

In agreeing to treatment with Dr. Allender it is my understanding that a psychological test is a required part of treatment and that my insurance company may not cover the cost of the test. I also understand that Dr. Allender may or may not be willing to participate in any pre-authorization process depending on the time constraints required by my insurance company.

In my treatment I agree that if my insurance company is not willing to pay for this testing fee of $190.00. I will be billed for the full cost payable upon taking the test unless payment arrangements are agreed upon by both parties. I also understand that payment arrangements will also include monthly re-billing fees and/or finance charges.

If I default on payment for this testing, I give my permission to Dr. Allender to charge my credit card on file or pursue collection procedures and that I will be responsible for any collection fees, legal and administration fees in order to collect the payment due.

Signature

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