

INTENSIVE PROGRAM AGREEMENT FORM



Psychological Counseling Services, Ltd.

Intensive Steps to Health and Wholeness

7530 East Angus • Scottsdale, Arizona 85251 • 480-947-5739 • pcs@pcsearle.com

Re: _____
Name of participant(s)

Deposits

For Non-Emergency Services: \$500 (U.S. Currency) non-refundable and non-transferable deposit *per week* and a signed Intensive Program Agreement Form is required to activate scheduling of your intensive program. This office accepts cash, personal check, Visa or MasterCard for non-refundable deposits only. All parties involved are required to sign an Intensive Program Agreement Form. You are required to return this agreement form signed by all involved parties.

For Emergency Services: For intensives scheduled within seven (7) days of the start date, a \$2500 non-refundable deposit (U.S. Currency) and a signed Intensive Program Agreement Form is required to activate scheduling of your program. This office accepts cash, personal check, Visa or MasterCard for non-refundable deposits only. You are required to return this agreement form signed by all involved parties.

Payments

(a) Intensive program services are cash programs. Pre-payment is required for all intensive programs. Payment in full is due at least seven (7) days prior to the beginning of each intensive week and includes a \$100 administrative fee. The intensive coordinator will notify you of your schedule and the balance due. This office accepts cash, cashiers checks or money orders as payment in full. Unfortunately, we do not accept personal checks, Visa or MasterCard for these balance due payments regarding Intensive Program services.

(b) In the event that you schedule your intensive program within seven (7) days of your start date, prepayment is required in the form of a cashiers check or money order that is delivered via overnight to P.C.S. In the event that additional scheduling is done on an immediate and/or urgent basis, payment in full is required for the immediate and /or urgent additional services when ask by a PCS staff member. In the event I schedule and pay in full for an intensive to begin within seven (7) days, I understand and accept the terms even if I choose not to receive services.

By initialing this section, I affirm this policy has been clearly explained to me. _____
Initial here



Conditions/Definitions

- (1) Any outstanding balances on my account(s) must be cleared prior to the beginning of the Intensive Program.
- (2) Please review your schedule. Intensive Programs are scheduled in advance based on the selected therapist's availability. Any schedule changes requested by the client must be made at least seven (7) days prior to the beginning of your program. Once you begin the program, there are no refunds. Should you or a therapist request sessions in addition to your schedule, we will do our best to accommodate you. These add on session schedule changes must be paid for at the time the change is made-no exceptions.
- (3) Emergency Services are defined as an intensive program that is scheduled to begin within seven (7) days of the listed start date. There is a \$2500 non-refundable deposit for emergency services. No schedule changes can be made by the patient(s). Your balance due must be paid in full before any services can be performed.
- (4) Please note that once you have paid for your intensive in full, this money will not be refunded to you for any reason within seven (7) days of your start date. I accept these terms even if I choose not to receive services.

By initialing this section, I affirm the cancellation policy has been clearly explained to me and I/we have been given an opportunity to ask questions. _____
Initial here



(5) Intensive Program Insurance Waiver and Agreement::

a) This office does not assume responsibility for billing an insurance carrier for Intensive Program services. Since intensives are cash programs, the patient is responsible for billing their insurance on their own, if they choose to do so. The patient is responsible for collecting the receipts. Please note that it is recommended that you collect the receipts while you are attending the program. In the event this office inadvertently receives an insurance payment for these services, this office will redirect the payment back to the carrier and instruct them to pay the patient or insured directly.

b) The client(s) understand that they are responsible to obtain any pre-certification for Intensive services without the assistance of Psychological Counseling Services, Ltd, the professional staff members, or administrative staff members.

The client(s) understand that verification of benefits or pre-certification of services does not guarantee that an insurance carrier will cover this type of outpatient intensive services and the client(s) agree to pay for these services in advance.

(6) Information regarding participants:

1. _____
Name Date of Birth Telephone contact number

2. _____
Name Date of Birth Telephone contact number

Dates requested, please be specific: _____

(7) Each participant is required to sign and date this agreement form.

I/we agree to the terms and conditions outlined within this document.

Print your name here Sign your name here Today's Date

Print your name here Sign your name here Today's Date

If making the deposit by Visa or Master Card, please provide the following:

Visa Account Number _____ Expires _____
MM YY
Name on card _____

Master Card Account Number _____ Expires _____
MM YY
Name on card _____

If you are faxing back to PCS, please fax back both pages of this form.
The confidential fax number is 480-946-7795.