



DBT for Parents of Teens and Young Adults Contract

Lindner Center of HOPE (The Center) appreciates the confidence you have shown in choosing us as your treatment care provider. Our patient and family-centered treatment philosophy requires that we openly communicate our policies and expectations about payment for our services before treatment is initiated. Please take a moment to familiarize yourself with this agreement prior to signing.

Given the nature of the program and that it is not separately billable to insurance we are unable to provide an itemized statement for services rendered.

PAYMENT RESPONSIBILITY:

I acknowledge that I am financially responsible for all charges associated with services provided to the patient named below through the DBT for Parents and Young Adults Program. I understand that the payment outlined below is due at the time of orientation appointment.

I understand this program is completely self/private pay and unbillable to my insurance carrier.

DBT for Parents of Teens and Young Adults Program Pricing:

Total program cost **\$375**

Date of payment: _____

REFUND POLICY:

1. Refunds are only available at the time of the initial Orientation appointment.
2. Once group sessions commence, refunds will not be granted. Requests for changes in group dates or timing is at the discretion of the provider.

SERVICES INCLUDED IN PROGRAM PRICING

- Initial educational/orientation appointment with provider
- Six group sessions weekly in the evening via zoom

I fully understand and agree to the above policies and conditions described in this agreement.

Patient's Signature: _____ Date: _____

Person Financially Responsible Name: _____ Signature: _____
(please print)

Address: _____ Date: _____

LCOH Staff Signature/Title: _____ Date/Time: _____