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## Billing / Payment Policy

**Types of payment accepted:**

*Cash, Some Insurance and Credit Cards*

**\* personal checks are not accepted \***

(This information is required in order to make an appointment at our center.)

Credit Card \_\_\_\_\_ exp date \_\_\_\_\_

Clients of *Families by Design, Inc.* are billed monthly for services rendered. It is our policy and a requirement for services to be given to you for us to keep a copy of a credit card on file and be authorized to charge the monthly total of unpaid balance.

I, \_\_\_\_\_, (print name) authorize *Families by Design, Inc.* to charge my monthly balance to the credit card that I have provided. I understand that my balance will be billed monthly for any fees unpaid.

I, \_\_\_\_\_, (print name) also authorize *Families by Design, Inc.* to charge my credit card that I have provided to *Families by Design, Inc.* for sessions and serviced rendered to the following persons specified below:

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I fully understand, acknowledge and agree that the balance due and owing to *Families by Design, Inc.* will be billed without interruption for any and all of sessions received by myself or anyone I have specified above and shall be unconditionally liable for the payment of those sessions, costs, expenses or fees that are due and owing or are unsettled. I also hereby agree to abide to all of the provisions of my credit card agreement in making such payments. If I choose to make any changes to the financial agreement I am agreeing to now, then I shall notify *Families by Design, Inc.*, in writing via email or facsimile, 14 days prior to such change so that a new method of payment can be substituted or agreed to by me and *Families by Design, Inc.* I shall be solely responsible for any and all costs and fees associated with collections of any unpaid balance to *Families by Design, Inc.* Any disputes arising out of payments, cost and or fees associated with services rendered shall be resolved in Palm Beach County Florida and under the laws of the State of Florida.

I have read and agree to the terms of the Billing and Payment Policy as described herein:

(Responsible Party's signature) \_\_\_\_\_

