

*Soundside Wellness*  
C O N S U L T A N T S

**PSYCHIATRIC APPOINTMENT CONFIRMATION AGREEMENT**

**You must confirm your scheduled appointment 2 working days before your Initial Psychiatric Evaluation or your appointment will be cancelled.** All applicable fees must be paid prior to rescheduling an appointment.

I understand that:

- a) I am responsible to confirm my scheduled appointment 2 working days before my appointment or my appointment will be cancelled.
- b) I am responsible for the financial obligations for my services.
- c) I will notify Bridgeway Center, Inc. of any changes in my income / insurance.
- d) Bridgeway Center, Inc. may assess fee increases periodically and I will be notified in advance of any increases.
- e) I understand that I am responsible for any and all fees for service not paid for by Medicaid, my insurance carrier, or my guarantor.

Payment for all services is expected at the time it is rendered, including insurance deductible and estimated co-payments. Bridgeway Center has established a fee system based on annual household income and the number of dependents supported by that income.

A fee of \$35.00 will be assessed for checks returned due to insufficient funds and you will be required to pay in cash for future services.

I had the opportunity to read and ask questions on the above stated terms (a-e). It is understood that my signature confirms my agreement to the above.

\_\_\_\_\_  
Printed Client Name

\_\_\_\_\_  
Client Number

\_\_\_\_\_  
Signature of Person Seeking Services or Guardian

\_\_\_\_\_  
Date