



Pica & Associates

Psychological Services
and
Holistic Medicine

Payment Responsibility Policy

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A verbal quotation of payment for service provided by Pica & Associates is only a guide. If medical insurance does not cover the treatment(s) or sessions, or co-pay is not available, the patient or the patient's parent or guardian is responsible for charges. By signing and dating this form, you are acknowledging that you understand this policy, and will be responsible for all charges.

By signing below I agree I have read and agree to the above.

Print Patient Name

Date

Signature of Patient

Date

Signature of Parent or Guardian

Date