



## **AGREEMENT TO PAY FORM—ADJUSTED FEE SCHEDULE**

Nutley Family Service Bureau, Inc. (NFSB) is a non-profit agency and offers an adjusted fee schedule to those individuals without health insurance or with a health insurance plan which does not provide out-of-network benefits.

1. Proof of Income

If NFSB suspects a change in household income NFSB may request proof of annual taxable income to determine the appropriate adjusted fee schedule. Regardless of any changes, NFSB reserves the right to annually request proof of household annual income at the first quarter of each new year to maintain on file.

- If I, the responsible party, do not submit the income information NFSB has requested or NFSB does not accept the validity of the information I submit, I will be responsible to pay the standard fees (refer to NFSB Agreement to Pay Form—Standard Fee Schedule).

2. Changes and/or Updates

I will immediately notify NFSB of any changes in my income status, household size or if insurance coverage is acquired.

3. Outstanding Balance(s)

NFSB policy states that fees are due at the time services are provided. Balances may not exceed \$150, and if a balance does accrue, I must show a good faith effort to pay the balance by arranging a payment plan with NFSB accountant and make all payments according to that plan. If I do not make a good faith effort to pay the balance or meet my plan commitments, NFSB may terminate my treatment, or that of my dependent(s), and I will be responsible for the balance owed. This will be discussed with me in person or I will be notified in writing, before any treatment is suspended and/or terminated.

4. Method of Payment

I understand when paying fees, the fees must be paid for with cash, credit, or debit card. NFSB does not accept personal checks for standard office visits.

5. Cancellation Fee

NFSB policy states that I must arrive within 20 minutes of my scheduled appointment time or call NFSB to cancel my appointment at least 24 hours before my appointment is scheduled. If I arrive 21 minutes after my scheduled appointment time or do not notify NFSB of the cancellation at least 24 hours in advance, I agree to pay a fee of \$25 for that missed appointment.

WITH MY SIGNATURE BELOW, I AFFIRM THAT I HAVE READ AND UNDERSTAND NFSB'S AGREEMENT TO PAY POLICY.

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

Printed Name of Financially Responsible Party \_\_\_\_\_

I agree to be responsible for an office payment of \_\_\_\_\_ per session as defined by my annual taxable income.

\_\_\_\_\_  
Signature of Financially Responsible Party

\_\_\_\_\_  
Date

I agree that this agreement may be electronically signed. I agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.