

FINANCIAL AGREEMENT & CARD-ON-FILE AUTHORIZATION

Alternative Pride Wellness, LLC

Effective Date: October 10, 2026

This agreement explains your financial responsibilities and authorizes Alternative Pride Wellness, LLC and its approved payment processors or practice-management platforms to maintain and, when permitted, charge an active payment method for amounts you are responsible for. It should be read together with the Practice Policies and Cancellation & No-Show Policy.

CURRENT STANDARD SFE-PAY RATES

Individual psychotherapy: \$120 per 50-minute session

Couples psychotherapy: \$150 per 50-minute session

Multi-person psychotherapy: \$200 per 50-minute session

Rates may change in the future. You will be informed of applicable rate changes before they are applied to future services. Different services, session lengths, or arrangements may have different charges when disclosed in advance.

INSURANCE BILLING

When Alternative Pride Wellness or an affiliated billing platform accepts your insurance, claims may be submitted according to applicable payer requirements. Verification of benefits or eligibility is an estimate and **does not guarantee payment by your insurance plan.**

You are responsible for providing complete and current insurance information and promptly reporting changes in carrier, plan, member identification, eligibility, coordination of benefits, or other coverage information.

YOUR FINANCIAL RESPONSIBILITY

You are responsible for copays, deductibles, coinsurance, private-pay charges, noncovered services, missed-appointment fees, and other amounts that are assigned to you and may legally and contractually be collected from you.

If a claim is denied, reversed, adjusted, or recouped because coverage was inactive, terminated, changed, inaccurate, outdated, or because required insurance information was not timely provided, you may be responsible for amounts that applicable law and payer contracts permit the Practice to collect from you.

Alternative Pride Wellness will not knowingly collect amounts that applicable law or a binding payer contract prohibits the Practice from billing to you.

CLIENT RESPONSIBILITY FOR INSURANCE

It is your responsibility to maintain your insurance enrollment and understand your plan. You are encouraged to verify network status, benefits, deductible, copay, coinsurance, authorization requirements, and other coverage rules directly with your insurer.

Please notify the Practice promptly if your insurance changes or if you decide not to use insurance for services.

ACTIVE CARD-ON-FILE REQUIREMENT

An active, valid payment method on file is required as a condition of ongoing routine services.

The payment method may be securely maintained through an approved payment processor, Headway, TherapyNotes, or another Practice-approved system. Alternative Pride Wellness should not need to maintain your complete card number in ordinary clinical records.

If the required payment method expires, is declined, becomes invalid, is removed, or is otherwise unavailable, routine non-emergency services may be suspended until an active payment method is restored, subject to clinical needs, continuity-of-care obligations, payer requirements, and applicable law.

AUTHORIZATION TO CHARGE PAYMENT METHOD

By signing this agreement, you authorize Alternative Pride Wellness, LLC and its approved payment-processing or practice-management vendors to charge the active payment method on file for properly client-responsible amounts associated with your care, including:

- Copays, deductibles, and coinsurance assigned to you;
- Private-pay session charges;
- The Practice's **\$75 late-cancellation or no-show fee**, when applicable and permitted;
- Previously disclosed balances resulting from insurance adjustments, denials, reversals, or recoupments that may lawfully and contractually be billed to you; and
- Other charges you separately authorize or that are clearly disclosed as your responsibility.

Charges will be made subject to applicable law, payer contracts, and the terms of any payment platform used by the Practice.

CANCELLATIONS & NO-SHOWS

Alternative Pride Wellness requires at least **24 hours' notice** to cancel or reschedule a scheduled appointment. Late cancellations and no-shows are generally subject to a **\$75 fee**.

Missed-appointment fees are generally not billable to insurance and may be charged to your payment method on file when permitted. Exceptions may be considered for genuine emergencies or circumstances outside your reasonable control, consistent with the Practice's Cancellation & No-Show Policy.

PAYMENT PROCESSING & RECEIPTS

Charges may appear under Alternative Pride Wellness or the name of an approved payment-processing, billing, or practice-management platform. You may request information about a charge you do not recognize.

Receipts, statements, explanations of benefits, or portal records may provide additional information about charges and insurance adjustments.

DECLINED PAYMENTS & OUTSTANDING BALANCES

If a charge is declined, you are responsible for providing an alternative valid payment method and resolving properly due balances. The Practice may contact you regarding payment and may suspend routine non-emergency services when a required active payment method is unavailable.

Any collection activity will be handled subject to applicable law, payer requirements, professional obligations, and the Practice's policies.

GOOD FAITH ESTIMATES FOR SELF-PAY CARE

If you are uninsured or choose not to use insurance for applicable services, you may have federal rights to receive a Good Faith Estimate of expected charges. The Practice provides separate Good Faith Estimate information and individualized estimates when applicable.

DISPUTED OR INCORRECT CHARGES

If you believe a charge is incorrect, contact Alternative Pride Wellness promptly so the charge can be reviewed. Raising a good-faith billing question will not result in retaliation.

Nothing in this agreement waives any billing-dispute, insurance-appeal, consumer-protection, or other rights available to you under applicable law.

CHANGING OR REVOKING CARD AUTHORIZATION

You may request to change the payment method on file. You may also revoke this card-on-file authorization prospectively by providing notice to the Practice, subject to applicable payment-processing requirements.

Revocation does not erase charges already incurred or amounts properly due before revocation. Because an active payment method is a Practice requirement for ongoing routine services, revoking authorization without establishing another acceptable payment arrangement may result in suspension of routine non-emergency services, subject to applicable clinical, legal, ethical, and payer obligations.

SECURITY & PRIVACY

Payment information will be handled through approved systems and in accordance with applicable privacy and security requirements. Do not send complete credit-card information through ordinary email, text message, or other unsecured communication unless specifically instructed to use a secure method.

QUESTIONS

For questions about fees, insurance responsibility, a charge, or this authorization, contact:

Monica Rose, LMSW

Alternative Pride Wellness, LLC

Phone: (231) 828-1905

Email: Monica@alternativepridewellness.com

FINANCIAL AGREEMENT & PAYMENT AUTHORIZATION

By signing below, I acknowledge and agree that:

- I have reviewed the financial terms in this agreement and understand that insurance verification is not a guarantee of payment.
- I am responsible for keeping my insurance information current and for client-responsibility amounts that may legally and contractually be billed to me.
- I understand that Alternative Pride Wellness requires an active payment method on file for ongoing routine services.
- I authorize Alternative Pride Wellness, LLC and its approved payment-processing or practice-management vendors to charge my active payment method for properly client-responsible amounts described in this agreement, including applicable copays, deductibles, coinsurance, private-pay charges, and the \$75 late-cancellation/no-show fee.
- I understand that I may be financially responsible for permitted balances arising from insurance changes, inactive coverage, inaccurate or outdated insurance information, claim denials, reversals, or recoupments.
- I understand that I may change my payment method or prospectively revoke this authorization, but doing so does not eliminate previously incurred obligations and may affect the Practice's ability to continue routine services if no acceptable active payment arrangement remains.
- I understand that this authorization does not permit the Practice to collect amounts prohibited by applicable law or payer contracts.

I authorize the financial and card-on-file terms described above.

Client Name: _____

Client Signature: _____

Date: _____

Name on Payment Method (if different): _____

Last Four Digits (optional): _____

Parent/Guardian/Personal Representative, if applicable:

Name: _____

Signature: _____

Relationship to Client: _____

Date: _____

Practice review note: Before formal adoption, confirm this agreement against current payer contracts, payment-processor terms, card-on-file authorization requirements, malpractice/risk-management guidance, and applicable Michigan and federal law. Do not use this form to collect full card numbers, CVV codes, or other sensitive payment credentials on paper.