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Fee Agreement

_____, I, _____, agree to pay in full for the session or co-payment at
initials the time services are rendered with cash, check, card, or digital payment. I
understand that, should my insurance carrier deny payment, I will be responsible for
the current full fee of the session based on type and length.

No Show/Cancellation

I understand that no-show or cancelled sessions subject to the Scheduling & Cancellation Policy (see Informed Consent document) will be charged to me at the full fee. I authorize Bridge City Psychology, LLC to charge my credit card for any cancellations or no-shows within the limits of the fee agreement above.

Cardholder Signature

Date

Client's Signature (if not cardholder)

Date

Note: The credit card information you supply below will be separated from this agreement, stored electronically, and secured via high-level encryption on a password protected computer. The original hard-copy will be destroyed.

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Credit Card Information (required)

Card #: _____ Exp. Date: _____

Security Code: _____ Cardholder's Name: _____

Cardholder's Address: _____

Insurance Information

Primary Insurance Carrier: _____ Phone: _____

Claims address: _____ City: _____ Zip: _____

Name of Insured: _____ Relationship to Client: _____

Insured ID: _____ Group #: _____

Insured DOB: _____ Phone #: _____ Employer: _____

Insured's address: _____ City: _____ Zip: _____

Secondary Insurance Carrier: _____ Phone: _____

Claims address: _____ City: _____ Zip: _____

Name of Insured: _____ Relationship to Client: _____

Insured ID: _____ Group #: _____

Insured DOB: _____ Phone #: _____ Employer: _____

Insured's address: _____ City: _____ Zip: _____

I hereby authorize the release of all medical records necessary to process an insurance claim. I authorize my insurance carrier to make payments directly to Hunter Vaughn, Licensed Psychologist or Bridge City Psychology, LLC. I understand that I am financially responsible for all charges, regardless of insurance, unless otherwise written by Hunter Vaughn, Psy.D., Licensed Psychologist or another authorized representative of Bridge City Psychology, LLC.

Client's Signature:

Date: _____

Client's Name