

Old Mill Center for Children and Families  
1650 SW 45th Place  
Corvallis OR 97333-1768  
PH: (541) 757-8068 Fax: (541) 758-1030  
www.oldmillcenter.org



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## Financial Agreement

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**Name:**

**Date:**

**Date of Birth:**

### Fees

Fees at Old Mill Center are based on the length and type of treatment. You will be responsible for the charges not covered. Fees are available upon request.

### Methods of Payment

Methods of payment include cash, credit card, and checks. We are unable to provide change when making a cash payment. Therefore, any overage of payment will be applied to your account for future use.

### Insurance

Health insurance is a contract between you and your insurance company. I understand there is no guarantee of payment from any insurance company or other payer. I agree to pay all charges for the services provided by Old Mill Center for Children and Families which are not paid by my health insurance or other payer. All charges are due and payable when I receive the bill. If payment is not made within 90 days from the date the bill was mailed from Old Mill Center for Children and Families, I understand that a delinquent charge of interest rate of 18% may be added to my bill. I agree to pay all reasonable legal expenses necessary for the collection of any debt. I understand that any credit or refund that I may be owed will be forwarded to the address on file with Old Mill Center for Children and Families.

### Pre-Authorization Requirements

I accept the responsibility to obtain all referrals or pre-authorizations and to comply with all requirements of any insurance or medical coverage plan upon which I am relying for medical coverage of Old Mill Center for Children and Families charges.

### Assignment for Direct Payment

I authorize that payment of any insurance (including auto insurance and health-care insurance) benefits for health care services or goods may be made directly to Old Mill Center for Children and Families.

### Cancellations and No Shows

Old Mill Center's expectation is that clients will cancel or reschedule appointments 24 hours in advance. Old Mill Center will make best effort to schedule the client into the next available appointment.

**I am financially responsible for this account with Old Mill Center and agree to the above terms.**

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Signature of Patient or Legally Responsible Person

Name (Please print)

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Relationship/Reason Why Patient Is Unable to Sign

Date

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Witness

Date

I have been offered a copy of this agreement (patient initials) \_\_\_\_\_