Counseling4Life

Promise to Pay Agreement

Name of Client: _____   Client D.O.B: _____

Name of appointed Responsible Payer: _____

Relationship of appointed Responsible Payer to Client: _____

Current Past Due Amount: $ _____ (you will be provided this amount or can call our office at (210) 209-0642).

To reinstate the client's counseling services, the following payment arrangement must be fulfilled as directed below. Any delay in payment will result in an immediate interruption of services and the balance may be subject to collections.

☐ I elect the entire Current Past Due balance to be paid immediately.

☐ I elect the entire Current Past Due balance to be paid by _____ (not to exceed 30 days of receipt of this notice).

☐ I elect the following direction of payments to satisfy my Current Past Due Amount. I also agree that the

      1st installment is half of Current Past Due Amount will be paid within 14 days of the receipt of this notice, the

      2nd installment is half of the remaining balance after 1st installment payment paid, to be paid 14 days later, and

the

      3rd installment is half of this remaining balance after the 2nd installment payment is paid, to be paid 14 days later.

☐ I authorize this method of payment for this Promise to Pay Agreement. By providing this information, I am authorizing Counseling4Life to collect any balances with the payment form authorized in this agreement.

      Type of Card (circle one):   Visa   MasterCard   Discover   CVS # _____ (3 digits)

      Credit Card Number: _____   Expiration Date: _____

      Cardholder's billing address and zip code: _____

      Cardholder Authorizing Signature: _____   Today's Date: _____

☐ I am requesting to establish Care Credit to satisfy this Promise to Pay Agreement. I understand that Care Credit is subject to its own and independent process for approval and terms and may not satisfy the entire Current Past Due Amount. In this event, a Promise to Pay Agreement will be required to fulfill the remaining balance before services can be reinstated.

If you have any questions, please contact our Billing Dept. at (210) 209-0642 or at Billing@Counseling4LifeLLC.com

PLEASE RETURN COMPLETED FORM TO Billing@Counseling4LifeLLC.com