

Financial Hardship Agreement

By virtue of my signature set forth below, I hereby request that A Refuge: Trauma Informed Therapies reduce the usual and customary charges in order to allow me to receive care required by my current health care condition.

I represent and warrant that my financial status is such that I would be unable to receive diagnostic and treatment services if usual and customary charges were applied to the services required by my condition.

I recognize and acknowledge that this Agreement to reduce usual and customary charges is undertaken for my benefit, that this is dependent on my financial status as of the date of this Agreement, that it will result in a fee arrangement distinct from the one usually in place for the services in question, and that the arrangement represents a confidential agreement entered into by the parties for the sole and exclusive benefit.

I hereby agree to the following:

1. I will not seek reimbursement for the services rendered to me under this arrangement from any insurance company, employer, welfare program, government entitlement program (Medicare or Medicaid), Workers' Compensation program or other third-party payor.
2. If any third-party payor responsible for all or part of the payment due as a result of services rendered under this Agreement contacts me, I will notify such payor of this arrangement and the reduced fees achieved as a result of the Agreement.
3. If the financial circumstances which cause me to qualify for financial hardship under this Agreement change, I will immediately notify my therapist at A Refuge: Trauma Informed Therapies in order to allow them to determine whether my financial status will then allow me to pay usual and customary charges for the services which I receive from that date forward.

Usual and customary charge _____

Agreed upon charge _____

Signature of patient

Printed name

Date

Signature of Executive Director/CEO

Printed name

Date