

I, _____, acknowledge and accept full and complete responsibility for prompt payment of all services rendered to _____ by RLLC. I understand that my credit card will be charged bi-monthly for services performed for either the first or second half of the month. If my credit card is replaced, it will be my responsibility to supply RLLC with updated card information. If for some reason my credit card information/payment is rejected, I will be responsible for paying the account balance by check within one week. I acknowledge that I have received explanation of the fee schedule.

I understand that health insurance policies and reimbursement are between myself and the health insurance company, that all services rendered to my child are charged directly to me, and that I am responsible for payment to RLLC. I understand that agreements regarding fee schedules and charges for canceled appointments are between myself and RLLC and are not related to potential health insurance coverage.

Parent/Guardian

Date