



PLEASE COMPLETE & RETURN TO:  
 Attn: Office Manager  
 1102 About Town Place  
 Morgantown, WV 26508  
 (304) 291-2912 Phone (304) 291-2918 Fax  
 info@traumatherapy.us

### FINANCIAL AGREEMENT

<b>Patient Name:</b> (Print)		<b>Treatment Dates:</b>	
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The above named Patient and/or personal guarantor of fees, agrees to enter into this financial agreement with Intensive Trauma Therapy Inc. (ITT). In exchange for the fees outlined in this agreement, ITT will provide the Patient an Individual Intensive Trauma Therapy (IITT), which is a special outpatient service not covered by the patient's health insurance benefit plan, and therefore **not billable** to the patient's insurance company.

ITT uses a team concept to providing therapy, lead by an ITT Senior Clinician, board certified and/or licensed to practice mental health. The team may also include additional licensed therapists, Level 2 therapists\* in training, and master's or doctoral degree students fulfilling internships with ITT.

\*a full description of Level 2 therapists is provided on our website [www.traumatherapy.us/treatmentteam.htm](http://www.traumatherapy.us/treatmentteam.htm)

Please read **all 3 sections** of this agreement, select treatment fees, initial payment and refund policy boxes. Then have the person taking financial responsibility sign on the last line of this agreement.

SECTION 1	TREATMENT FEES
<i>Initial the IITT program listed below that you agree to receive based on the treatment recommendations made by the ITT Clinical Team.</i>	
<input type="checkbox"/> 1-Week IITT = \$4,000 <input type="checkbox"/> 2-Week IITT=\$8,000 <input type="checkbox"/> Mini IITT=\$115 per hour	
Only Mini IITTs (4 days or fewer) can be billed on an hourly basis. This has to be coordinated with the intake clinician.	

SECTION 2	PAYMENT
DEPOSIT REQUIREMENT FOR ALL PATIENTS	
<b>50% of total balance</b>	A down payment of 50% of the total balance in Section 1 is due before treatment dates can be scheduled and/or reserved for you. This signed agreement must accompany your deposit, which can be paid by credit card over the phone or by mailing a personal check. Reservations made less than 1 week prior to treatment require full payment with credit card by close of business on Friday before treatment begins.
REMAINING BALANCE	
<i>Initial Here</i>	The remaining balance of your treatment fees are due before your treatment begins.

SECTION 3	REFUND POLICIES
<i>Initial Here</i>	<p>The IITT treatment dates are held exclusively for you and once you begin treatment, all fees are considered final (regardless if you attend the sessions or not) and are non-refundable.</p> <p>If cancellation occurs <b>at least 14 days</b> prior to your first day of scheduled treatment your deposit is refundable, <b>less \$500 processing fees</b> [to cover the clinical assessment, clinical telephone consultation(s), and administrative services provided]. Cancellations <b>less than 14 days</b> prior to scheduled treatment dates are subject to refunds <b>less \$1000.00 processing fees</b>, unless those dates are able to be filled with another patient at which time the processing fees will remain at \$500.</p>

In consideration of services extended to the patient identified above by Intensive Trauma Therapy, Inc., I absolutely and unconditionally take responsibility and promise payment in full of the amount due. It is further agreed that I will make the above-agreed payments. I further understand that delinquent accounts are turned over to a collection agency or attorney for collection, at which time my name and contact information will be disclosed.

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Signature

Printed Name/Relationship

Date