THE PISGAH INSTITUTE *for* PSYCHOTHERAPY AND EDUCATION, P.A.
158 Zillicoa Street, Asheville, NC 28801 www.pisgahinstitute.com
Phone: (828) 254-9494 Fax: (828) 254-0161, (828) 250-0890

Responsible Party

Date: ________________

__________________________________ has requested that we begin sending the bills for service provided by The Pisgah Institute to you. We require this form to be completed in full before we can change the responsible party information on this account. If you do not wish to be responsible for any payment balance or balance not covered by the insurance, please let our office know in order to take the appropriate action.

Please complete the following information and return within 10 days.

I, __________________________________, am the responsible party for the account of

___________________________________ (DOB ____________; Chart # _____________) for services rendered by

The Pisgah Institute for Psychotherapy and Education, P.A. I understand that the bill may include charges for:

- Services not covered by insurance
- Charges for visits not cancelled 24 hours in advance
- No Show appointments
- Telephone consultations not billable to insurance
- Applicable prescription fees (according to policy)

I also understand that payments must be received in a timely manner in order to continue providing services.

Parent/Guardian/Responsible party information:

Name: ____

Address: ____

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Phone: ______________________ DOB: _______________ SS#: _____________________

I have read the above information concerning office billing procedures and understand that by signing below I am responsible for the balance on the patient account specified above.

Signature: ______________________________________ Date: ___________________

Please return this completed form to: The Pisgah Institute
158 Zillicoa St.
Asheville, NC 28801

If you have any questions please contact me Darlene Dixon at 828-254-9494.

If you would like your credit card information to be held on file to cover charges for the account specified above, also complete the *Authorization to Charge Credit Card* form.