

DR. HENRY E. MORRIS

Licensed Clinical Social Worker
2008 Bremono Road, Suite 103
Richmond, VA 23226

**PAYMENT GUARANTY AGREEMENT – ASSIGNMENT OF INSURANCE BENEFITS
AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

Patient's Name _____ Service Date _____

In signing this form I acknowledge that I am responsible for any and all charges incurred as a result of treatment provided to me or my family members by Dr. Henry Morris from the beginning date of service shown above. I understand that this is done only as a courtesy and I am fully responsible for any services not covered by my insurance company. My signature on this form will also constitute authorization for my insurance company to assign benefits directly to Dr. Henry Morris. I also authorize Dr. Henry Morris to release whatever medical information necessary in order to file a claim under any insurance policy through which I am covered. Should my account have to be referred for collection, then I agree to pay attorneys fees of 33-1/3% and all costs incurred therein.

I also acknowledge responsibility for any charges incurred by Dr. Henry Morris from his involvement in attorney consultations, reports, travel to court and court testimony.

A photocopy of the executed original of this document shall be as valid as the original and any and all persons affected by the assignments and/or requesting a medical authorization are hereby directed to honor said copy.

Witness the following signature(s):

Guarantor

Policy Holder

Witness to Signature

Twenty-four (24) hours notification for cancellations is required and NO SHOW visits are charged at the following rates: 20-30 minute session - \$25.00, 45-50 minute session - \$50.00 and group psychotherapy-\$45.00.

Guarantor Signature