



- I understand that a delinquent account (over 30-days past due) will be charged interest of 1.5 percent (18 percent annual rate) thereafter until paid.

**Initials** \_\_\_\_\_

- I understand that fees charged by Dr. Michael D. Smith PsyD, PC for services rendered to me, or to the person(s) for whom I assume financial responsibility, may exceed the fees considered as "usual and customary or contracted rate" due to the specialized services provided. I, however, agree to pay fees in full, even if the amount is greater than what I am reimbursed from my insurance company.

**Initials** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Adolescent 15 to 17 must sign with parent cosign)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_