



Agreement on Financial Responsibility for the Treatment of a Minor in Divorced or Separated Families

Albert Knapp & Associates (AKA) wants to provide effective psychological and/or behavior analytic services to minors, and it is typically in the best interest of the minor for both parents to be involved in the minor’s therapeutic services. However, parental separation and/or divorce can often complicate a minor’s treatment with regard to payment for services. Therefore, in order to provide treatment, AKA requires both custodial parents to agree ahead of time regarding the financial responsibility of the minor’s treatment. Each parent that takes on financial responsibility must complete AKA’s credit card authorization form.

Parent 1 (Name)	Relationship to Minor
Parent 2 (Name)	Relationship to Minor
If Using Insurance Benefits	
Insurance Policy Holder (Name)	Relationship to Minor

Financial Agreement: Fees for services and same day cancelations are outlined in the Informed Consent document. If using insurance benefits, the insurance policy holder must indicate which parents are allowed to utilize insurance benefits. For Private Pay clients each parent will assume financial responsibility for his/her own individual sessions, and for sessions in which they bring the minor unless otherwise specified.

Specify Here: _____

This agreement cannot be made more restrictive over the course of treatment, without a court order or updated custody arrangement. AKA may need to terminate treatment and refer out if both parents do not comply with this agreement.

Insured Policy Holder; Initial one to consent, X the other one to not consent.



THE FAST TRACK
TO BETTER
BEHAVIOR

- **Allow Non-Insured Parent** to utilize minor's insurance benefits for appointments with AKA staff where **Insured Parent is the financially responsible** party and thus paying for applicable co-pays, deductibles, co-insurance, insurance denials and/or same day cancellations for appointments between **Non-Insured Parent** and AKA staff _____
- **Allow Non-Insured Parent** to utilize minor's insurance benefits for appointments with AKA staff where **Non-Insured Parent is the financially responsible** party and thus paying for applicable co-pays, deductibles, co-insurance, insurance denials, and/or same day cancellations for appointments between **Non-Insured Parent** and AKA staff _____

Insurance Policy Holder Signature

Date

Parent 1 Signature

Date

Parent 2 Signature

Date