Kathryn Hoy Leugers, Psy.D., MBA
Kathryn H. Leugers, Psy.D., LLC
130 Northwoods Blvd.
Suite C (1st Floor, Courtyard Entrance)
Columbus, OH 43235
Phone: 614-344-8504 **Fax:** 614-846-1849

Responsible Financial Party Agreement

Client: _____ DOB: _____

My signature below indicates that I have been provided with copies of, have read, and agree to abide by the terms and conditions in Dr. Kathryn Leugers' **Payment Policy Statement.** I agree to specify if I will be paying for the client's services in full or what percentage of services/what services I will be responsible for financing.

If I am one of several responsible financial parties, I agree that it will be the joint duty of all the responsible financial parties to communicate, compute, and deliver the various fees for services allocated to each responsible party at the time of service. Together the responsible parties must agree to finance all types of psychological services and the full fee of services provided to this client by Kathryn H. Leugers, Psy.D., LLC.

With this information, I consent to pay the psychological service fees from Dr. Kathryn Hoy Leugers, Psy.D., MBA, at Kathryn H. Leugers, Psy.D., LLC and will follow her client services and practice policies.

Responsible Party 1: _____

O All services O ____ % of services O All services, except: _____

_____ _____
Responsible Financial Party / Date **Witness Signature / Date**

Responsible Party 2:_____

O ____ % of services O These services: _____

_____ _____
Responsible Financial Party / Date **Witness Signature / Date**

Responsible Party 3:_____

O ____ % of services O These services: _____

_____ _____
Responsible Financial Party / Date **Witness Signature / Date**