Kathryn Hoy Leugers, Psy.D., MBA

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Responsible Financial Party Agreement

Client:	DOB:	
and conditions in Dr. Kathryn Leugers' most rece	ovided with copies of, have read, and agree to abide by the tent version of her Payment Policy Statement . I agree to spector what percentage of services/what services I will be responsi	cify
financial parties to communicate, compute, and d	ies, I agree that it will be the joint duty of all the responsi- eliver the various fees for services allocated to each responsi- nsible parties must agree to finance all types of psychologi- nis client by Kathryn H. Leugers, Psy.D., LLC.	ible
	hological service fees from Dr. Kathryn Hoy Leugers, Psy. vill follow her client services and practice policies.	.D.,
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	
insurance receipts Dr. Leugers sends me to the	ce benefits and understand that I will need to submit the ne insurance company. t submit for out-of-network benefits for my insurance.	;