



Fortis Behavioral Health
220 Wintergreen Dr., Suite B
Lumberton, NC 28358
910-536-1719
910-668-8048

Self-pay Agreement

You have registered as a self-pay client. This means your card on file will be charged 24 hours prior to your appointment. No shows or late cancellations the day of will be allowed 1 rescheduled visit. Further missed appointments will not be refunded or reimbursed. We will not bill insurance for services provided under this arrangement. If at any time you would like to begin using insurance, please let your provider know.

I understand that I will be responsible for all charges related to the services provided to me by Fortis Behavioral Health.

I understand that the fees are due in full the day prior to service, unless other arrangements have been made with Fortis Behavioral Health.

I have read and fully understand the above. I waive insurance billing and agree to pay my balance owed 24 hours prior to my appointment. I also understand that by signing this acknowledgement I will be responsible to pay for the services rendered to myself and/or my dependent.

Signature: _____

Date: _____

Name of SIGNER: _____

Relationship to patient: _____