



Road 2 Resolutions PLLC  
Professional Counseling

Ugochukwu Uche MS.,LPC

7301 E 22<sup>nd</sup> ST Tucson AZ 85710

PH: (520) 481-0670 FX: (520) 843-2075

ugo@road2resolutions.com

**PAYMENT AND GUARANTEE FORM**

The undersigned agrees to guarantee payment for services rendered at Road2Resolutions, for the client listed below.  
Please note that the credit card provided will only be charged in the event that payment is left 30 days outstanding.  
This form is not intended to use for regular payments.

Client Name: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Insurance Information: (I currently only accept United)

ID#: \_\_\_\_\_

Group#: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Name of patient (if different from insured): \_\_\_\_\_

Copay: \_\_\_\_\_

**Type of Credit Card:** \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_



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Expiration Date: \_\_\_\_\_

Card Security Number: \_\_\_\_\_  
(3-digit number located on the back of the card)

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

I agree to the above terms and agree to have my credit card charged for payment due, in the event that the account of the client named above, is left 30 days outstanding.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

**OFFICE POLICIES AND FINANCIAL AGREEMENT**

1. Payment is due to Ugochukwu Uche, M.S. , L.P.C. via check, cash, credit or debit card.
2. Appointments must be rescheduled at least 24 hours in advance.
3. Missed appointments, without 24 hour notice, clients arriving late or needing to leave a scheduled session early, will be billed at full price, directly to the client or guardian.
4. Payment is due on date services are rendered
5. Any amount due, left a month outstanding, may result in a transfer of services to fulfill your therapeutic needs. Previous arrangements can be made.



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- 6. *Ugochukwu Uche, M.S., L.P.C.* is primarily a private pay therapist. Currently the only insurance he accepts is United.
- 7. A Typical Therapeutic Session is 55-60 minutes at \$100.00 a session.
- 8. Teleconference is available and should be used in the event of emergencies. While there is no charge for brief phone interactions. Interactions over 15 minutes will be charged at prorated basis based on the session fee.
- 9. Any account which is not paid in full each month will be assessed a \$25.00 rebilling/collection fee, for servicing an account receivable, which will be added to the balance.
- 10. If for any reason your account is referred to collections, your signature below approves the release of information on this account. If the account is referred for collection, client hereby agrees to pay a collection fee of up to 50% of the amount owing plus reasonable attorney's fees & court costs.

**By signing this document, I am stating that I have read and agree to the terms stated above.**

Client Name (printed): \_\_\_\_\_

Client Name (signed) \_\_\_\_\_ DATE: \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ DATE: \_\_\_\_\_  
*(if under 18)*