

# Financial Agreement



**24 Carrot Wellbeing**  
919-273-4390  
lee@24carrotwellbeing.com

Thank you for choosing our services for your needs. Please read and sign the agreement below. It lays out billing, scheduling, and cancellation procedures. If you have any questions please ask for clarification.

- Payment of all fees is expected at the time of service or via credit card on file.
- It is the client's responsibility to check insurance benefits and coverage. You will be responsible for filing claims with your insurance company for reimbursement of covered services.
- I hereby authorize payment of medical benefits directly to 24 Carrot Wellbeing for all services rendered where applicable.
- Out-of-pocket payments can be made via credit/debit card, and are due on the date of your appointment. Credit/debit card payments can be made directly with your provider Lee Lamb or at the time of booking on our website <https://24carrotwellbeing.com/> (<https://24carrotwellbeing.com/>)
- I will be responsible to pay for services in full for any missed or cancelled appointments not made at least 24 hours in advance prior to the scheduled appointment time.
- If I default on my account, I understand I will be subject to finance and/or legal fees in addition to the total account balance.

I agree to the above financial and cancellation policies. In the case of default payment, I am responsible for full payment of the balance, interest accrued, and any collection costs and legal fees incurred to collect on this account. I understand the scope and limitations of my insurance coverage and agree to pay all fees not covered by my insurance plan. I have read, understand, and accept the information and conditions specified in this agreement.

**I hereby agree to the document above.**

**Client Signature\***

*(This will require your client's signature)*

**Date\***