

Rutti Counseling & Consultation
1200 W. 5th Ave 102D
Columbus, OH 43212
Phone 614-398-1927
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Financial Hardship Form Payment Plan

Our practice abides by the contractual and legal obligations of health benefit plans to collect charges, copays, co-insurance, and deductible amounts owed by patients. Recognizing that circumstances may arise where an individual is unable to pay in full at the time of service, we have adopted a policy of screening requests for delayed payment plans on individual circumstances. To do this, we must ask for certain financial information. All information will be held confidential according to our privacy policy.

Patient Name: _____

DOB: _____

Name of person completing form
(If not the patient): _____

Type of assistance needed:

___ Payment Plan (Complete below)

Credit card type: check one Mastercard Visa Discover

Name as it appears on the card _____

Card number _____

Expiration Date (mm/yy) _____ Security Code _____ Zip Code _____

Amount to charge per payment _____

Start date _____

**I AGREE AND CERTIFY THE PROVIDED INFORMATION ON THIS FORM IS TRUE.
I am authorizing Rutti Counseling and Consultation to charge my card.**

Printed Name: _____

Signature: _____

Date: _____

-----OFFICE USE-----

__ Approved Payment to start on _____ Amount _____

__ Denied Reason: _____

Name of Person Approving this payment plan _____

Send copy of completed form to patient

Scan a copy into chart