

North Hills Psychological Associates, Inc.

www.nhpa.com

10475 Perry Highway
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Wexford, PA 15090
724.759.7500

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Cedar Ridge Business Park
Pittsburgh, PA 15205
724.759.7500

6315 Forbes Avenue
Maxon Towers, Suite B13
Squirrel Hill, PA 15217
724.759.7500

NON-COVERED SERVICE CONTRACT

I, the undersigned, understand that I take full responsibility for all charges incurred for the following treatment for _____ provided by
(Client's Name)

North Hills Psychological Associates, Inc., (NHPA). I further state that:

- I do not have insurance coverage for these services.
- I have insurance coverage, but this treatment has not been authorized for payment under my benefit plan by my insurance company,

(Insurance company).
- I have insurance coverage, but I decline to use my benefits for this treatment.

These services include:

- Psychotherapy
- Psychological Testing
- Consultation
- Other _____

I take full responsibility for payment of all fees, as detailed in the NHPA Service Brochure, for the above treatment.

Client Name Signature

Date

Signature of Parent/Guardian if applicable

Date