



# Team Autism

M E M P H I S

2018 EXETER ROAD • THE OFFICE CENTER • GERMANTOWN, TENNESSEE 38138 • (901) 337-7524

---

---

## PAYMENT AGREEMENT

I, ..... understand that insurance  
(responsible party's name)  
may not cover any visits not authorized prior to service. I also understand that I  
am responsible for payment of each session until insurance approves. Payment is  
due at the time services are rendered.

: i " Name:

8][ ]hU` Signature:

Date: