



Therapeutic Services Fund Third-party Payor Agreement & Release

The BIPOC Alliance, has made arrangements with _____
(Third Party Payor) (Name of client)
to assist with payments for up to **6 sessions** with:

Name of Provider: _____
License Number (if applicable): _____ State of Licensure: _____
Supervisor's Name (if applicable): _____
Supervisor's License Number (if applicable): _____

This is an agreement reflecting the arrangement between the third party payor, the client, and the provider. The agreed upon number of sessions must be used within 16 weeks starting _____ and ending _____.
(Date) (Date)

If no sessions under this agreement have been utilized within 45 days after award date (_____), the awarded supplemental funding will be under review and may be redistributed back to the Therapeutic Services Fund for other applicants.

We have agreed upon the following arrangements:

Fee Agreement for Provider Session: \$ _____
Third party payor payment per session: \$ _____ for up to 6 sessions. Third-party payor payment will be requested by the provider by invoice monthly.

Providers will send invoices to the BIPOC Alliance using this link:
<https://forms.gle/UF3tJ9g4s9Fd6UA96> .

Payments from the third-party payor will be distributed within 30 days upon receipt of invoice and will be sent directly to the provider electronically.

Please review or download the invoice template from our website: _____.

Please note that the BIPOC Alliance is fiscally sponsored by Foothills Unitarian Church and financial payments will come from Foothills Unitarian on behalf of the BIPOC Alliance.



We realize that third party payment for services does not imply disclosure of confidential information. The client must sign a separate release of information form before any such communication outside of the terms of this agreement. By signing this agreement, the client is providing informed consent for the psychotherapist to disclose information and provide communications solely needed for invoice payment purposes, such as date and number of sessions, practitioner contact information, and use of supplemental funds.

Signature of Client

Date

Signature of Practitioner/Provider

Date

Signature of Third Party Payor

Date