

Financial Agreement

Payment for Services

The fee for each 45 minute counseling session is \$160. Payment for each counseling session should be made at the beginning of each session. Payments are rendered by cash, check or credit card. If you have made arrangements with a third party payor to cover all or part of the therapy services fees, please complete the separate Release of Information form and include appropriate information in the Client Background form. If you are responsible for a portion of the fee, your portion should be paid at the beginning of the session and the remainder will be billed to the third party payor. Other work (written reports, phone consultations, etc.) will be billed in fifteen minute increments at the rate of \$30 per fifteen minutes.

If at any point you (or your third party payor, if applicable) become unable or unwilling to continue paying for services, I reserve the right to terminate our professional counseling relationship and refer you to an alternative counseling source. Should this occur, I will attempt to discuss this with you in person, but I do reserve the right to do so in writing if necessary.

Cancellation of Appointment

If you cannot keep your appointment, please let me know as soon as possible (preferably at least 2 days notice). Please note that last minute (less than 24-hour notice) cancellations and no-shows will be billed at the rate of \$60. Third and subsequent late cancellations will be billed the **full cash fee**.

Responsibility

The client (or responsible party) is considered responsible for payment of professional services. When you request to bill a third party, such as an insurance company, and that third party fails to make payment within 30 days from the date of billing, payment is expected from the client or responsible party within 10 days of receipt of the statement. Bills not paid within 30 days from the date of billing will be subject to an interest charge of 10% of the outstanding bill.

Client/Parent Name Printed	Client/Parent Signature	Date
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