

PAYMENT AGREEMENT

Payment Agreement

My fee for services is \$150.00 for the initial session and 125.00 for all other sessions. Our appointments are 50-55 minutes in length.

I agree that I am responsible for the charges for services provided by this therapist to me (and/or to my partner or family member who may be involved in my therapy), although other persons or insurance companies may make payments on my account.

I agree that it is my responsibility to contact my insurance company, before the first session, and to know what my mental health coverage is for therapy services.

I agree that I am responsible for payment in full at the time of service if any of the following apply:

- *I have a deductible*
- *I pay the fee out of pocket*

Additionally, I am responsible to pay my co-pay at the time of services.

Other persons responsible for payment of services:

Name of person _____

Relationship to you _____

Contact person's number _____

I agree to the payment agreement outlined above.

Signature of client _____ Date _____

I authorize the release of any information (which may include notes, treatment summaries and diagnoses) necessary to process insurance and to determine medical necessity of treatment, quality of care, or to request additional sessions.

Signature of client _____ Date _____

MISSED APPOINTMENT POLICY

Late Cancellation/Missed Appointment Agreement

Your appointment time is important to me and the time is reserved just for you. I do not overbook and I do my best to meet at our designated time. I respect your time and your commitment to therapy.

Please notify me by phone or email, at least 24 business hours in advance if you will not be able to attend your appointment. I very much appreciate a longer notice, if possible. If you do not give me 24 hour notice or do not show for your appointment, you will be charged \$75.00 for the missed appointment. Insurance does not cover late fees. This amount will be due in full at our next meeting.

Please do not make an appointment with me unless you are certain that you are available. It is counter-productive to constantly change and cancel appointments at the cutoff time just to avoid the late fee. This creates more work for me and I am not always able to fill the appointment with such short notice.

Another word about missed appointments. If keeping your appointments becomes a problem, we will need to discuss the issue to determine if continuing therapy with me is appropriate at this time. I reserve the right to terminate therapy services with clients who do not adhere to the appointment policy.

I agree to the late cancellation/missed appointment agreement

Signature of client _____ Date _____