

Agreement to Pay for Professional Services

1. I request that the therapist named below provide professional services to me (or for minors or dependents: to _____ who is my _____), and I agree to pay this therapist's fee of \$175 for the intake session and \$150 for follow-up sessions, or a co-pay/co-insurance amount of _____, if I am using insurance.
2. I agree that I am responsible for the charges for services provided by this therapist, although other persons or insurance companies may make payments on my (or this client's) account. If I am using insurance, I understand that the office staff and my provider will make their best effort to help me find out what is my mental health coverage and help me with necessary authorizations, etc., but that ultimately I am responsible for payment for services rendered.
3. I agree that this financial relationship will continue as long as the therapist provides services or until I inform him or her, in person, by telephone or by certified mail, that I wish to end it. I agree to meet with this therapist at least once before stopping therapy. I agree to pay for services provided up until the time I end the relationship.
- 4. I agree to pay with check or cash unless otherwise notified that credit cards are accepted.**
5. I agree to pay \$25.00 for any returned checks.
6. I agree to pay a **missed session fee of \$50** if I do not show up for my scheduled appointment or if I cancel my appointment with less than **48 hours** notice. I understand that insurance companies do not pay for missed sessions. I understand that if there are extenuating circumstances, my provider may choose to waive the missed session fee on a case-by-case basis.
7. I have also read this therapist's Rights and Responsibilities form and agree to act according to everything stated there, as shown by my signature below and on that form.

Signature of Client or Clients

Date

Printed Name

I, the therapist, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Therapist

Date

Copy accepted by client

Copy kept by therapist