

Service Agreement

Client Name:

I (we) agree to the following conditions:

1. That unless other arrangements are made, I will pay all or a portion of my service fee at the time of service (at each session)*. I understand that if I have insurance coverage, a claim will be submitted to my insurance company, and that I will be responsible for the remaining balance. I understand that I am responsible for the payment of all fees in the event that my insurance company denies payment.
2. That if I am unable pay my entire service fee at each session I agree to pay per session.
3. **That I will pay for missed appointments, unless I give 24-hour notice, or I am prevented from giving notice by an emergency (at the discretion of the therapist). I understand that missed appointments are not billable to my insurance company. This \$75.00 charge will be my personal responsibility.**
4. The cost of an initial session is \$175.00. The cost of a psychotherapy session is \$150.00. I understand that the time of a psychotherapy session is variable, ranging from 45-60 minutes (determined by insurance coverage and therapist) and also includes 10 minutes of administrative time that is used for telephone calls, charting, record review, etc. Additional charges may result from other activities such as report preparation, evaluations, etc. I understand that on occasion the session time may be extended, and that in such cases the fee is prorated. For any other services provided the fee will be discussed prior to receiving the service.
5. I understand that I will be billed per therapist. Thus, a couple or family being seen by two therapists will be billed for two therapists.
6. I understand that a reduction in fees may be available at the discretion of my therapist.
7. I understand that I will be charged a fee of \$25.00 for any checks returned by the bank for insufficient funds.
8. I understand that if my account becomes delinquent, Sacred Art Counseling Associates may turn it over to a collection agency and/or report uncollected past due charges to the Internal Revenue Service.

Notes/Comments:

I have read the above statements and agree to the terms as outlined.

Signature Date

- *MasterCard/Visa/Discover/American Express payment options available upon request.*