

Service Agreement

Client Name: _____ Date of Birth: ____/____/____

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 if 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 counselor). I understand that missed appointments are not billable to my insurance company. This \$75.00 charge will be my personal responsibility.**
4. For any other services provided the fee will be discussed prior to receiving the service. I understand that the time of a counseling session is variable, ranging from 45-60 minutes (determined by insurance coverage and counselor) and 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.
5. I understand that I will be billed per counselor. Thus, a couple or family being seen by two counselors will be billed for two counselors.
6. I understand that a reduction in fees may be available at the discretion of my counselor.
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 and Wellness 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.

Client's Signature _____ Date _____

Guardian's Signature _____ Date _____

(If client is under 18 years old)

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