

Lakewood Counseling

Payment Agreement

I understand that I am responsible to pay for services received each time that I attend a session at the clinic.

I further understand that canceled appointments require at least 24 hour notice. In the case of a cancellation without 24 hour notice, a missed appointment or a late arrival, I may be charged for a full session. Insurance companies or public assistance funds will not pay for appointments that are canceled or missed.

The agreed upon fee for clinical services is as follows:

50 Minute Sessions: \$150.00

75 Minute Sessions: \$225.00

Group Sessions: \$75.00

A finance charge of 1.5% will accrue on accounts 90 days past due. A \$20.00 service charge will be added for returned checks. The clinic reserves the right to use a collections or conciliation court on accounts 90 days past due.

I understand and agree to the above conditions:

Client/ Parent/ Guardian Signature

Date:

