

RESOLVE COUNSELING & CONSULTING

Agreement to Pay for Professional Services

I request that the therapist named below provide professional services to me or to _____, who is my _____, and I agree to pay a fee of \$ 165 per session for these services. If I am using my health insurance privileges for this service I will pay 100% of my Co-pay/Co-insurance/Deductable at the time of service. If I have a Health Savings Account (HSA), and have not met my deductible then I will need to pay 100% of the fee at the time of service.

I understand that if I fail to pay at the time of service, or if my insurance company fails to pay for the services provided I become responsible for the fees. There will be a \$50 late fee charge added to my bill for every month I fail to pay my bill. If not paid in full with-in 90 days from the fist day of service, my bill may be forwarded to a collection agency.

I agree that this financial relationship will continue as long as the coach/therapist provides services or until I inform him or her, in person or by certified mail, that I wish to end it. I agree to meet with this coach/therapist at least once before stopping services. I agree to pay for services provided to me (or this client) up until the time I end the relationship.

I agree that I am responsible for the charges for services provided by this therapist/coach to me (or this client), although other persons or insurance companies may make payments on my (or this client's) account.

I have also read this therapists/coach's "Counseling Information" form and agree to act according to everything stated there, as shown by my signature below and on the brochure.

Signature of client (or person acting for client)

Date

Printed name

I, the coach/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 Counselor

Date