AGREEMENT TO PAY FOR PROFESSIONAL SERVICES

I, the undersigned, request that the above named therapist provide professional services to me or my child/ward _____ as a client, and I agree to pay Dr. Clark's fee of $ _____ for an initial evaluation and $_____ per session (45-50 60 90 minutes) for these services.

If the patient is a minor, I understand that I have a right to the information my child shares with Dr. Clark and I will use this any information shared for the child's best interests.

If, at any time, I am dissatisfied with this therapy I will fully discuss my views, reasons and plans with Dr. Clark (and if the client is a minor, with the client named above) prior to terminating therapy.

I agree that this financial relationship will continue in effect with the Dr. Clark as long as she provides services or until I inform her in person, by telephone or by certified mail, that I wish to end it. I agree to pay for services rendered to myself or my child/ward up until the time I terminate the relationship.

I understand that I am responsible for charges for services provided by Dr. Clark to me or my child/ward, although other persons or insurance companies may make payments on my account.

CANCELLATION OR NO-SHOW POLICY

I understand that I must cancel an appointment 24 hours in advance to avoid a cancellation fee. I will be charged half of my usual session fee - _____- if I cancel between 24 and 2 hours prior to my appointment. I will be charged the full session fee of _____ if I cancel less than 2 hours prior to the session or if I fail to show up at all. The session fee is either the amount I self pay or the amount that the insurance company pays including my co-pay.

I agree to provide my credit card information and for my credit card to be charged the appropriate fee as indicated above in the event of a cancellation or no-show.

Signature: _____ Printed name: _____

Relationship to the patient: o Self   o Other: _____ Date: /   /

Credit Card #_____
Expiration Date: _____ Security Code _____ Zip Code: _____