

Financial Responsibility Agreement

- As the financially responsible person for the account, I understand that my initial appointment will be 50 minutes, posted and charged at a fee of \$_____, and \$_____ for each 50 minute psychotherapy session thereafter.
- I understand that I will be financially responsible for any charges. I acknowledge that I understand, and accept the terms of the services allowed for mental health treatment.
- I understand that I will be charged and am required to pay for phone consults with the therapist which last over 15 minutes, fees based on the 50-minute psychotherapy allowable amount.
- I understand that I shall keep all scheduled appointments, unless a personal emergency occurs, and shall give at least 24 hours notice of my intention to cancel my appointment.
- I understand that if I do not cancel my appointment at least 24 hours in advance (LATE CANCELLATION), or fail to show up for my scheduled appointment (NO SHOW), the first time this occurs I will not be charged. However, if this should occur a second time, I understand that I will be charged. I understand that I will be required to pay for the therapist's full charge for this missed session.
- I understand that if my check is returned for insufficient funds (NSF) or other bank reason, I will be required to pay for this check in cash in addition to any and all bank fees charged plus a service charge of \$_____. I also understand that my payments after this will be on a cash or charge only basis.
- I understand and agree that I am ultimately financially responsible for all fees described in this agreement.

Date

Client

Equi-Angels
EAGALA Certified
at
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