



FINANCIAL AGREEMENT – SELF PAY

I've discussed and agree to the following financial payment plan and payment procedures with my therapist:

I agree to pay \$_____ per 55 min. individual or couple session. Payment is expected at the onset of each session.

Client Signature: _____ **Date:** _____

I understand that I must have a card on file in order to hold appointments with my therapist. I understand that if I request my therapist to write a report outside of a regular session time, I will be billed according to the amount of time the report takes my therapist to write. For example, if the report takes the therapist thirty minutes and their hourly fee is \$130, then the report will cost \$65.

I also understand that if I request my therapist to consult with teachers, principals, other doctors, social workers, attorneys and/or any other professionals, there will be a charge for the therapists time required for the consultation. I agree to prepay for this service with cash or a check when it is requested, or I agree for my therapist to charge my card on file at the time of the consultation and/or report writing service.

I understand that all appointments not cancelled 24 hours in advance will be charged at the full rate to my credit or debit card on file. Although my therapist understands that there will likely be times when I may need to cancel an appointment, that the time has still been set aside only for me and I am still responsible for the session fee. I understand that a \$25 service charge will be added to all returned checks and the fee will be charged to my card on file. I

agree to pay all reasonable collection or legal fees should Imara Counseling Services, LLC need to use an outside collection agency or legal means to collect on this account. Balances older than 30 days may be subject to additional interest charges of 10% per month.

The undersigned will be responsible for all costs incurred in the collections of any past due account, including attorney's fees. I understand and agree with all of the above.

Client Signature: _____ **Date:** _____

I have explained the financial agreement to the above named client(s).

Therapist Signature: _____ **Date:** _____