

Licensed Professional Counselor

Registered Play Therapist-Supervisor

**Client Payment Contract**

Payment is due at the time services are rendered.

A cancelled appointment is a loss for everyone. If a cancellation for an appointment is made less than 48 hours before that appointment, the full billing rate will be charged. (Employee Assistance Programs [EAPs] do not cover the cost of cancelled sessions). Monday appointments need to be cancelled by the end of the workday of the previous Friday. Cancellation and rescheduling can be done only by calling (314) 302-9102. Cancellation and rescheduling via email is not accepted.

The fee for the initial and all subsequent sessions is $\_\_\_\_\_ per 45 minute session.

Credit cards are acceptable payment and will be used to charge client for a cancelled session, if the cancellation policy is not followed. Please complete the following:

Credit card: MasterCard □ VISA □ AMEX □ Discover □

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Month \_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_\_\_

Address where bill is sent:

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Angie Hoffman, LPC does not accept insurance as payment for services, although Angie Hoffman, LPC will make every effort to provide the information necessary for you to file for reimbursement. You are responsible for payment at the time services are rendered.

By signing below, you are indicating that you have read and agree to the above contract, that you also give authorization to Angie Hoffman, LPC to release any information necessary for you to secure insurance reimbursement for fees you have paid to the same, and that you authorize Angie Hoffman, LPC to automatically deduct the cancellation fee from your credit card, if cancellation policy is not followed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Signature Date