EUNOIA
COUNSELING

Services Agreement

Patient Name: _____ Date _____

AGREEMENT TO OFFICE & BILLING POLICIES

All payment/copays/coinsurance payments will be made at the end of sessions in the form of cash, check or credit card.

Between-session telephone consultations are available at the rate of $75.00.

Email and written clinical updates, consultation with outside parties (school counselor, lawyers, guardian ad litems), school observation sessions, court appearances and extended text messaging between sessions etc. will be charged at the rate of $150 per hour spent (with the exception of scheduling appointments).

Cancellations are to be made 24 hours prior to appointment time, with exception of emergency situations. Cancellations made within 24 hours of appointment will result in a late cancellation fee of $65.00.

SIGNED: _____ DATE: _____

ASSIGNMENTS OF BENEFITS

I hereby authorize and request that my insurance benefits be paid directly to Provider/Agency. I understand that I am financially responsible for non-covered services.

SIGNED: _____ DATE: _____