Aspire
Counseling

Healing | trauma | grief | fear | stress

Payment Contract for Services

Client Name(s): _____
Bill to: Person responsible for payment of account: _____
Address: _____ City: _____ State: _____ Zip: _____

PART ONE FEES FOR PROFESSIONAL SERVICES

I (we) agree to pay Aspire Counseling LLC, hereafter referred to as the clinic, a rate of $____ per clinical therapy session (defined as 45 minutes for assessment, testing, and individual, family counseling)

Therapeutic and Psychoeducational groups are a separate charge and vary depending on the group length and content.

Clients will be charged a full session fee for appointments cancelled with less than 24 hours notice or missed appointments. If clients are more than 15 minutes late it will be considered a "missed" appointment, the therapist may leave and the client will be charged $110 for the missed session.

A fee of $_____ per hour is charged for other services requiring more than 5 minutes of the therapists time including but not limited to court appearances, phone calls with other providers, attending IEP meetings, report writing or interagency meetings.

Clients receiving comprehensive DBT services will be charged for individual sessions, group skills training and other services. However, there is no additional charge for skills coaching calls.

PART TWO CLIENTS WITH INSURANCE

This clinic does not bill insurance companies directly. All clients with insurance are encouraged to talk to their insurance provider about whether or not they can submit a superbill to receive some reimbursement from their insurance provider using their Out of Network benefits. The clinic will print out or e-mail a superbill for the client, but it is the responsibility of the client to coordinate with their insurance provider.

PART THREE PAYMENTS DUE AND DELINQUENT ACCOUNTS

Payments are due at the time of service. A late fee of 5% per month interest charge on all accounts that are not paid within 30 days of the service. If clients are unable to make regular payments, they are encouraged to talk to the therapist about potential options including a fee adjustment (when there is availability), reducing the frequency of visits or possible referral to other services. The person responsible will be given a warning and then services will be terminated if payments are consistently late. Services will be terminated if the client is behind in payment more than three sessions.

Payment methods include check, cash, health savings account or charge cards, Clients using charge cards may either use their card at each session or sign a below allowing the clinic to automatically submit charges to the charge card after each session.

I (we) consent to the clinic charging our credit card on file after each session:

Person(s) responsible for account: _____ Date: _____/_____/_____

PART FOUR ACKNOWLEDGMENT OF CONTRACT

I HEREBY CERTIFY that I have read, understand and agree to the conditions and have received a copy of the Payment Contract for Services:

Person(s) receiving services: _____ Date: _____/_____/_____

Person responsible for account; _____ Date:_____/_____/_____

Co-responsible party: _____ Date:_____/_____/_____