

Financial Agreement
Inman Park Counseling
Thomas Keith Hill PhD, LPC, NCC

This document stipulates the financial agreement entered into between you and Inman Park Counseling.

You agree to pay a fee of \$160.00 per 50-minute session. This amount per hour, pro-rated, is also charged for professional services provided outside of counseling sessions, including report writing, telephone interventions lasting more than 10 minutes, consultation and attendance at meetings, and any other professional service requested or deemed necessary.

Payment by cash or check must be made at the time of service or before. There is a \$25.00 fee for returned checks. If you provide credit or debit card information, then payment is billed at midnight of the date of service. Payment and invoicing is handled through a secure practice management service. In order for them to provide this service, you will be asked to provide them with credit or debit card information. This information is kept securely and only used for payment of verified services rendered.

You agree to make a commitment for each session to begin and end on time, and the fee remains the same for sessions that start late. If you are late, your appointment will still need to end on time. If you need to cancel or reschedule a session, you agree to notify me one full business day in advance. If notification is not provided one business day in advance, you agree that your credit card may be charged a fee of \$45.00 for the missed appointment.

You agree that your credit or debit information may be used to collect payment for any charges incurred as described in this agreement. Any charges that go unpaid more than 60 days will be referred for collection by collection agency or small claims court. In such cases, you understand that your name and the nature of the services rendered will be provided to assist with collection. You understand that costs associated with collecting past due amounts will be charged to you.

If payment is provided by a third party, you agree to provide a release of information to disclose charges to that party and the dates charges are incurred.

ACCEPTANCE OF TERMS

I, the undersigned, agree to the above terms.

Signed: _____ Printed Name: _____

Date: _____

Contact information for the individual(s) financially responsible for therapy, if other than yourself.

Name: _____

Phone: _____

Email: _____