

Agreement to Pay for Professional Services

(Please initial all that apply)

CLIENTS USING INSURANCE:

_____ I agree to pay deductible, co-pay and co-insurance fees as dictated by my insurance provider. I understand that I am responsible for the charges for services provided by Julie Myers, LPC, LADC, and that my insurance provider may make payments on my account. If my insurance company or other third party payer is paying any part of my fees, I understand that this may result in limitations to my confidentiality.

_____ If I am late for a scheduled appointment and that delay requires that my insurance be billed for a shorter session than was scheduled; I agree to pay for the difference.

SELF PAY CLIENTS:

_____ I agree to pay a fee of \$130 per 55-minute session/s. (Self pay clients)

ALL CLIENTS:

_____ For after hours communications (texts and phone calls), I agree to pay for clinician's time at a rate of \$1 a minute after first 10 minutes.

_____ I agree to pay 24-hour late cancellation or no show fee (\$35 for first occurrence AND minimum of \$75 for all subsequent late cancellations or no shows up to full session fee of \$130). This amount may be charged to your credit card. You will receive a text or email receipt once the charge has processed. Recurring late cancellations or no shows could result in termination of services.

*Forms of payment accepted: Cash, Check, Credit Cards, FSA/HSA cards.
Please have your card available at first session. You will not need to bring it every session!*

POLICIES & FEES FOR COURT RELATED MATTERS

The client-therapist relationship is built on trust with the foundation of that trust being confidentiality. When confidentiality is compromised due to the therapist being asked to present records to a court and testify regarding information about a client's case, it is often damaging to the therapeutic relationship. For this reason, court appearances likely result in the need to terminate therapy and refer the client to another therapist. In such cases where Julie G Myers LPC is ordered by the court to testify about her counseling with client/s, monetary compensation is required as follows:

_____ I acknowledge and agree to the policies regarding court appearances, letters and other services by Julie G Myers LPC. And I agree to pay Julie G Myers LPC for court related services including preparation, travel, testifying and other necessary expenditures at the rate of \$150 per hour, rounded to the nearest half hour.

Signature of client

Name printed

Date

Signature of therapist

Date