ON PURPOSE
COACHING & COUNSELING
PEACE • HEALING • DIRECTION

THERAPIST/CLIENT PAYMENT CONTRACT

24 HOUR CANCELLATION POLICY

Please be advised that 24 hours' notice is required for cancellations. Otherwise, you will be charged for the session amount. Thank you for your cooperation.

Name(s) _____

Address _____ City _____ State _____ Zip _____

FEDERAL TRUTH IN LENDING DISCLOSURE STATEMENT FOR PROFESSIONAL SERVICES

FEES FOR PROFESSIONAL SERVICES

I (we) agree to pay On Purpose Coaching and Counseling all fees associated with services provided in the areas of assessment, testing, group counseling, and individual, family, and relationship counseling.

A fee of $25 per person per group is charged for Group Therapy.
A fee of $75 per session is charged for Individual Therapy.
A fee of $85 per session is charged for Couples Therapy.
A fee of $95 per session is charged for Family Therapy.
A fee of $110/125/140 per session is charged for Individual/Couples/Family sessions lasting one-and-a-half therapy hours.

Person responsible for account _____ Date _____

Payments are due at the time of service. Fees may be assessed for lack of payment.

I HEREBY CERTIFY that I have read and agree to the conditions and have received a copy of the Federal Truth in Lending Disclosure Statement for Professional Services. Additionally, in the event that I fail to pay the account balance when due, I agree to pay all collection costs including collection agency fees. I understand that if any unpaid balance is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of my account, a collection fee equal to 33 1/3 of the unpaid balance will be added to my account. I agree to pay that fee. I further agree to pay reasonable attorney fees and court costs. In the event of a returned check a $25 fee will be added to client account. I understand and agree to the above terms.

Person responsible for account _____ Date _____

A NOTE ABOUT INSURANCE. Due to the necessity of submitting a diagnosis to a third party payor, like insurance providers, which then becomes part of your permanent record, I do not bill insurance. Furthermore, insurance companies determine their panel of providers based upon a quota-per-zip code area. They do not base their decisions about providers upon background, training, special expertise, or outcome evaluation. However, you are welcome to file on your own, requesting the necessary information from Joe Hansen, as needed.