

# Envision Beyond Counseling L.L.C.

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Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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I am responsible for the full amount of my payment prior to services being provided.

I have agreed to pay privately for my therapy and will be charged \_\_\_\_\_ per session. I understand I am not guaranteed Out-of-Network benefits from my insurance provider.

Cash and personal checks are accepted. In addition, Visa, Mastercard, Discover, American Express, and other digital forms of payment are accepted but are subject to an additional charge currently of 3%.

If money is owed and it is decided that therapy will continue then a payment plan will be established to make up for overdue balance in addition to session fee.

Appointments are 45 minutes in length. This may vary depending on certain factors including but not limited to client participation, current needs, and arrival time.

Therapist holds client's appointment time so if client must miss an appointment then please notify therapist 24 hours prior to session time. Client's are excused from cancellations twice without a fee for the first two times per year of service. Afterwards, client is expected to pay the fee that has been established for any missed sessions. If you give proper notification and are able to reschedule for another time within the week then this will not count as a cancellation.

Please sign indicating that you have read and agree to the above policies. Thank You.

Signature of Client/Designee: \_\_\_\_\_

Signature of Therapist: \_\_\_\_\_