FINANCIAL AGREEMENT FOR PSYCHOTHERAPY SERVICES

DEMOGRAPHIC INFORMATION

Full Name:_ _____ Date of Birth:_____

Spouse: _____Date of Birth_____

Home Address:_____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone 1:** _____ **Cell Phone 2:** _____

Email 1: _____

Email 2: _____

GUARANTEE OF PAYMENT

Full payment is due at the beginning of each session unless other arrangements have been made. Please have your payment ready at the beginning of the session.
Cash , check, and credit cards (including HSA) are acceptable payments. There will be a $35 fee for returned checks.

By signing this form, I agree to pay Karen Vedus LMFT $135 for each 60 minute couples therapy session and $110 for each Individual therapy session. I understand that if I cannot attend the next scheduled session or reschedule for the same week, without giving 48hr notice, I will be charged in accordance with the Cancellation and Rescheduling Policy . Monday appointments must be cancelled on the Friday prior to your appointment and you must use the Counsol.com portal to cancel your sessions. (I will provide instructions)You will be allowed up to 4 free cancellations per year.

No exceptions.

I agree that I will not challenge any charge for cancellations or no-shows. I understand that if questions or concerns about any fees or payments, I am encouraged to discuss them openly with Karen Vedus at the beginning of treatment.

Please read the Good Faith Estimate and the Cancellation and Rescheduling Policy.

I understand that prior to any fee increase, I will be notified 60 days in advance.

Signature of Client:

_____ **Date:** _____

Signature of Partner/Spouse:

_____ **Date:** _____

Updated 01/01/2024