

*Helen Rudinsky, MS, LPC*

**Consent Form 2—Payment Contract**

I, Helen Rudinsky, am committed to provide professional care to my clients. As part of my services, I have established this **Payment Contract** to clarify payment for all services.

Because outstanding balances require bookkeeping services and additional expenses, I have established a **“Pay as You Go”** policy and accruing a negative balance is not permitted.

**I ask clients to become very familiar with these policies to avoid extra fees and expenses.**

- I understand that payment is made before the session. I understand accruing a negative balance is not permitted.
- I understand the full, regular session fee is charged for “no shows”, missed sessions or changes and cancellations with less than a 48 hour notice. The fee is to be paid within 5 calendar days.
- I understand I am responsible to confirm that counseling is covered by my insurance plan. If my insurance does not pay my bill, I am responsible to pay my bill within 5 calendar days.
- I understand that after I attend 4 counseling sessions, I can request an invoice or Summary of Services from the therapist to submit for out-of-network insurance reimbursement.
- I understand if I accrue a debt by not paying for my services, my account will be forwarded to a Debt Collection Agency. In addition to paying off my debt, I will be required to pay Debt Collection fees.
- If I am late for a session, I understand only the remaining time of my session will be used, no extension will be made. I am required to pay the full session fee.
- I understand I will be charged a pro-rated fee for the therapist to write letters, send emails, make phone calls, handle disputes with my insurance company and consult with lawyers, mediators, courts, social services, government agencies, medical and school personnel.
- I understand that not abiding by this **Payment Contract** may be grounds for termination of services.

I HEREBY CERTIFY that I have read and agreed to the conditions of the **Payment Contract.**

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_