

Helen Rudinsky, MS

Consent form 2—Payment Contract

I, Helen Rudinsky, am committed to providing caring, professional care to my clients. As part of my services, I have established this **Payment Contract** to clarify payment for services. Because outstanding balances require bookkeeping services and additional expense, I have established a **“Pay as You Go”** policy.

I ask clients to become very familiar with the following policies to avoid misunderstandings.

I agree to pay Helen Rudinsky for _____ Adult Session---50 minutes

_____ Child Session---30 minutes

- I understand that payment is made at the beginning of each session by cash. I understand accruing a negative balance is not permitted.
- I understand the full, regular session fee is charged for missed appointments or cancellations with less than a 48 hour notice. I understand I must pay this fee within 5 business days or at the next session whichever comes first.
- 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 will be required to pay the full session fee.
- If I would like to go beyond the session time and no client is scheduled, I understand I may extend the session by paying an additional session fee.
- I understand I will be charged a pro-rated fee for the therapist to write letters, reports, handle disputes or consult with professionals (doctors, school personnel, etc) on my behalf.
- I understand that not abiding by this **Payment Contract** may be grounds for termination of services.

I understand that I am responsible to verify if treatment is included in my insurance plan and if I can choose a therapist outside my plan. I understand that I am responsible to file a claim with my insurance company and follow up as needed.

If I become a regular, ongoing client, after 4 sessions, I may request a monthly summary statement from the therapist to submit for reimbursement.

I understand if my insurance company does not pay the bill, I am still responsible for my payments.

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

Name (Printed) _____ Date _____

Signature _____

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Name (Printed) _____ Date _____

Signature _____