

Financial Agreement

Stephanie Weiland LLC

I've discussed and agree to the following financial payment plan and payment procedures with my therapist:

I agree to pay \$\_\_\_\_per one hour session. Payment is expected at each session, unless I have made prior arrangements with my therapist. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I agree that if I pay for any fee or bill with a credit or debit card, there will be an additional 3.5% service charge and that I must have a card on file in order to hold appointments with my therapist.

I understand that if I request my therapist to write a report outside of a regular session time, I will be billed according to the amount of time the report takes my therapist to write. For example, if the report takes the therapist thirty minutes and their hourly fee is \$120, then the report will cost \$60. I also understand that if I request my therapist to consult with teachers, principals, other doctors, social workers, attorneys and/or any other professionals, there will be a charge for the therapists time required for the consultation. I agree to prepay for this service with cash or a check when it is requested, or I agree for my therapist to charge my card on file at the time of the consultation and/or report writing service.

I understand that all appointments not cancelled 24 hours in advance will be charged at the full rate to my credit or debit card on file including the 3.5% service charge. Although my therapist understands that there will likely be times when I may need to cancel an appointment, that the time has still been set aside only for me and I am still responsible for the session fee. I understand that a \$30 service charge will be added to all returned checks and the fee will be charged to my card on file. I agree to pay all reasonable collection or legal fees should Stephanie Weiland, LLC need to use an outside collection agency or legal means to collect on this account. Balances older than 30 days may be subject to additional interest charges of 10% per month. The undersigned will be responsible for all costs incurred in the collections of any past due account, including attorney's fees.

I understand and agree with all of the above. Please sign your name below and we will accept your assignment.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

I have explained the financial agreement to the above named client(s).

Date: \_\_\_\_\_ Therapist Signature: \_\_\_\_\_