Payment Agreement

Professional Counseling Associates, LLC.

Justin Smith, Psy.D., Licensed Psychologist

1830 South Alma School Road, Suite 112, Mesa, AZ 85210

480-730-6222; 480-889-5566 fax

Please read the following and fill out the form completely. Once we have received your completed Payment Agreement, we will contact you to schedule further appointments.

- By completing and signing this Payment Agreement, you are indicating that you understand and agree to provide a valid credit card number, with expiration date, for payment of future services including therapy sessions, appointments, or other fees.
- Your signature indicates you understand that if you do not attend a scheduled appointment, your credit card will be charged the regular cost of the session you reserved unless you cancelled at least 24 hours in advance, business days – Monday through Friday; **for cancellations with less than 24 hours notice, the full fee will be charged**. For missed appointments with no notice given, the full fee will be charged.
- Your credit card number will be kept on file throughout treatment and will be charged each time an appointment is missed without at least 24 hours advance notice. You can always call our office (24-hours a day) to leave a voicemail to cancel an appointment. However, please ensure that you cancel any appointments within the proper time frame to avoid credit card charges for missed appointments. Please know that we adhere strictly to the time requirements and Payment Agreement.
- Your signature indicates you understand that any payment of fees is ultimately your responsibility, not an insurance company's or any other 3rd-party payer's responsibility, and that you will be paying for any missed or late cancelled appointments. Your signature indicates you understand that your credit card may be charged for any fees or charges that your insurance company does not pay.
- Payments or co-payments are expected at the time of service or in advance of service. Your signature indicates you understand that if you do not pay with cash, check, or debit/credit card at the time of service (including phone or email consultation), your credit card on file will be charged for your payment due. Please note that there is a $35.00 fee for any returned checks for non-sufficient funds.
- Your signature indicates you understand you will be charged for all phone calls and email communication/consultation as indicated below, other than routine appointment scheduling, cancellation phone calls, questions regarding billing, or other administrative communications. If you do not wish to pay for such services, please schedule an appointment to instead come in and discuss your concerns. We will provide emergency services for current clients whenever possible.

Current Fees for Services:

Initial Assessment/Evaluation 50 minutes	$195.00	Court Testimony – 60 minutes	$300.00
Individual Therapy – 45-50 minutes	$195.00	Scoring & Interpretation of Tests, per 15 min	$50.00
Couples & Family Therapy – 50 minutes	$195.00	Report and Letter Writing, per 15 minutes	$50.00
Preparation for Court or legal proceedings, per 15 minutes	$75.00	Phone and Email Consultation, per 15 minutes	$50.00

I understand and agree to comply with this Payment Agreement. I authorize the use of my credit card information for payment of services rendered.

Client or Guardian:_____ Sign:_____
Print Name Signature

Client Name:_____ SS#:_____ Date:_____
If Different Than Above

Day Phone:_____ Evening Phone:_____ Cell Phone:_____

Please enter the following information exactly as it appears on your credit card statement:

Please Circle: VISA / MC / Discover / Amex Card Number:_____

Expiration:_____ Card Verification Number:_____ Billing Zip Code:_____

Address:_____

*Your credit card information is held confidential and is secured in your client file. Your client file is confidential and secured and stored according to HIPAA security and privacy regulations.