Payment Agreement

Professional Counseling Associates, LLC

Jennifer Kruse, LMFT

2730 South Val Vista Road Bldg 7 Suite 135 Gilbert, AZ 85295

480.730.6222 x 1207 jenniferkruse.pca@gmail.com

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 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 signature indicates you understand that you, not an insurance company or any other 3rd party payer, will be paying for any missed or late cancelled appointments.
- 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.
- 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 or check at the time of service (including phone or email consultation), your credit card will be charged for your payment due.
- 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 Service

Initial Assessment/Evaluation – 50 minutes	$145.00
Individual Therapy – 50 minutes (regular session)	$145.00
Marital/Couples/Family Therapy – 50 minutes	$145.00

I understand and agree to comply with this Payment Agreement. I authorize the use of my credit card information for payment of services rendered. Your number will remain in your confidential file.

Please Circle: VISA MASTERCARD AMEX

Name on Card: _____ Phone # _____

Card Number: _____

Expiration: _____ CVC: _____