



PAYMENT FOR SERVICE AND FEE ARRANGEMENTS

Co-pay and/or co-insurance for session: \$ _____

Payment for session not covered due to deductible: \$ _____

Self-pay for session when paid out-of-pocket: \$ _____

Charge for cancellation without 24 hours' notice: \$ _____

Other charges [specify]: _____ \$ _____

Patients are expected to pay for services at the time services are rendered. Therapist accepts cash, checks, and major credit cards, including Visa and MasterCard. Checks returned for insufficient funds are subject to a \$40.00 fee, per check.

ABOUT RECURRING CREDIT CARD CHARGES

- For your convenience, to save valuable time, you may store a credit card on file in our secure PCI DSS compliant system and authorize recurring charges to pay for your therapy sessions.
- The charge will be made under the name Change Within Reach, Inc on day of your therapy appointment and a receipt will be sent to the email address or mobile phone provided by you.
- You will be able to cancel this authorization at any time. The setup is easy and takes just a few minutes.
- If you would like to do so, check the box below and one of our staff members will assist you.

- I would like to store my credit card on file with Change Within Reach, Inc.

Acknowledgement

By signing below, Patient acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Patient has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Patient's satisfaction. Patient agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Patient agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Signature of Patient (or authorized representative)

Patient Name (please print)

Date

Signature of Parent or Legal Guardian (if Patient is under 15)

Name of Parent or Legal Guardian (please print)

Relationship