PCD Counseling
spiritually sensitive — clinically informed

9185 E. Kenyon Ave. Suite120
Denver, Colorado 80237

www.pcdcounseling.com

Tel: 303-741-5588
Fax: 303-741-9977

FINANCIAL CONTRACT

It is mandatory under Colorado Law that the financial arrangement between a therapist and client be disclosed during the initial visit. Please read and discuss with me the following fees for service and policy arrangements.

FEE SCHEDULE:
Individual, couple, marital and family therapy $_____ per _____ minutes. Sessions which extend beyond 45 minutes are pro-rated accordingly.
Telephone sessions and consultations are charged at the above rates after 10 minutes.
A 24 hour notice of cancellation for scheduled appointments is required.
Group therapy $_____ per _____ minute session. This will be charged whether or not you are present.
Upon request fees for additional services are available. These may include psychological test evaluations, insurance and peer review reports, consultations requested with other professionals, home or hospital visits, etc.

PAYMENT FOR SERVICES:
You are asked to make a payment at the time of each therapy session. Fees for telephone sessions and additional services will appear on the next monthly billing.
Any mutually agreed upon arrangements for deferred payments are to be stated in writing.

MONTHLY BILLING:
You will receive a monthly statement of your account including dates of visits, charges and payments.
Please bring to my attention any errors in billing so they may be corrected immediately.
You may request a separate billing statement for insurance filing purposes which includes only the monthly charges.

DELINQUENT ACCOUNTS:
You will be charged interest for any late payments due after 90 days at the rate of 1% per month which is an ANNUAL PERCENTAGE RATE of 12%.
You will be asked to sign a legal promissory note in the amount of any unpaid balance due plus interest at the ANNUAL PERCENTAGE RATE of 12% upon termination of therapy.
You will be responsible for reasonable attorney fees and court costs should you default in your obligations for payment.

I have read the above statements, and will pay as agreed for the services of PCD in a timely manner.

Client_____ Date_____

Parent or Guardian_____ Date_____

Therapist_____ Date_____