



PAYMENT AGREEMENT

- I understand that I am ultimately responsible for the payment of services received.
- If using insurance, Sondermind will file the insurance claim. However, I am responsible for payment of my co-pay at the time of services.
- I further understand that I am to give a 24 hour notice when canceling appointments. In the case of missed appointments or cancellations shorter than 24 hours, a \$65 fee may apply. Late arrivals will be charged the full fee.
- The agreed upon fee for clinical services is as follows:
 - When applicable, in-network contracted rates will be followed for services listed below.
 - 90801-Diagnostic Session: \$125.00
 - 90806-Hourly Session: \$125.00
 - 90808-80-minute Session: \$187.50
 - 90853-Group Session: \$65.00
 - 90847/90846-Family Sessions: \$125.00
 - Phone consultations longer than 15-minutes may be charged a prorated hourly fee.
 - Court appearances and report preparations are charged at the hourly session rate. Time will include drive time to and from court.

I understand and agree to the above conditions.

_____/_____
Client's Signature Legal Guardian /Relation to Client Date