

Pacific Bay Integrative Health Center

FEE POLICIES AND AGREEMENT

1. **Payment in full is due at the beginning of each session.** Therapists are not able to make change for cash payments. You are welcome to pay in advance for sessions, such as paying on the first of the month for an entire month's services.
2. There is a \$35.00 fee for any returned check. Failure to pay for sessions will be brought to your attention by your therapist and may result in ending the therapy sessions and/or referral to an outside agency for collection.
3. If you have insurance coverage for therapy and wish to be reimbursed by your carrier, we will provide a "superbill" which you may submit with your insurance claim form. We will not provide a superbill for any missed or canceled appointments.
4. Your appointment time is reserved for you and is your time. You will be charged for any appointments you cancel or forget to keep unless we receive twenty-four (24) hours' notice.
5. If you have any questions regarding these policies, please let us know.

Fee Agreement

I/We, _____ (print name/s) read, understand, and agree to abide by the fee policies stated above.

I/We have met with my/our therapist, _____ (print name/s), and agree to a fee of \$ _____ per session.

It is understood that I/we am/are solely responsible for payment in full the date services are rendered.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date