



Cash Payment Agreement

Date of Agreement: _____

Patient Name: _____

Person Responsible for Payment: _____

Session Amount (1 hour): \$ _____

This is to acknowledge the agreement between Person Responsible for Payment and Integrative Counseling Services, PC (ICS) to accept private pay as payment for services rendered. The amount listed above is for therapy services only and does not include costs for reports, copies of records, collaboration with individuals outside of ICS, etc, they will be billed at the fee scheduled rates.

Payments for services are due at the time the service is rendered unless otherwise agreed up and documented in writing within this document. Failure to pay in accordance with this agreement can result in immediately suspension or termination of services. Any change to this original agreement must be made in writing on a new agreement form.

Signature of Person Responsible for Payment

Date

Therapist

Date

Integrative Counseling Services, PC Admin

Date