



Instructions: Please print or use a PDF editor to fill out the document; then send in the completed document through the portal.

**Payment Policies**

Payment for Compassion Clinic: Therapy Services services is only established through private pay. It is the Client’s responsibility to understand their own insurance, however Compassion Clinic: Therapy Services will not be submitting services to insurance.

**ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE.**

**Payment Plan Option:**

Intake and assessment sessions: \$200, ongoing counseling sessions: \$200, group sessions \$150

I agree to pay \$\_\_\_\_ (Minimum of \$50) per session or \$\_\_\_\_ (Minimum of \$200) per month until my balance from my services at Compassion Clinic: Therapy Services is fully paid. All information from the newest financial contract is also connected to this agreed upon payment plan. Remember, this is not changing your fee owed, just how much you are paying per increment of time.

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Responsible Party Signature Date