

HopeLife Counseling
Healey E. Ikerd, MS, LPC, LMFT
PO Box 11051; Fayetteville, AR 72703
479-202-4206

Payment Agreement

By signing this Payment Agreement, you are indicating that you understand and agree to pay for services including therapy sessions, appointments, or other fees.

- Rates are \$80 per 30-minute session, \$185 for the initial diagnostic session and \$165 for following 50-60 minute sessions.
- Other than routine appointment scheduling, cancellation phone calls, questions regarding billing, or other administrative communications, you will be charged for all phone calls and email communication/consultation as indicated. Email or text consultations are \$30 for an exchange between both client and counselor requiring more than 15 minutes. If you do not wish to pay for such services, please schedule an appointment to come in and discuss your concerns.
- If you do not show up to your scheduled appointment, you will be charged \$75, unless you cancelled at least 24 hours in advance.
- Payments or co-payments are expected at the time of service or in advance of service. Please note that there is a \$35.00 fee for any returned checks for non-sufficient funds.
- Payments can be made with cash, check or credit card (through Square) or on the HopeLife website. If you would like to keep your credit card on file, please request an electronic invoice.
- Some insurance will be billed directly. Copayment, if any, is due at the time of service. If your insurance company does not reimburse for my service for any reason, you are responsible for the cost of each session. Although, we will check on insurance benefits, it is your responsibility to know and verify insurance deductibles and copays. Insurance does not cover missed appointment fees.
- A payment plan is available to those who have a need to do so. A reduced fee for services are provided on a limited basis and considered case by case. Please ask me if you feel this might be appropriate for your financial situation.

I understand and agree to comply with this Payment Agreement.

Signature

Date

Signature

Date