

EMILY MARKOWITZ, LMSW LCSW

Psychotherapy

FINANCIAL AGREEMENT



Income Information: Gross Salary

Number of Dependents

Unemployment, Disability, Social Security

Stock/Bonds

Real Estate

Other Sources

Unusual Expenses

Total Monthly Income

Fee Information: Fee for 50-minute session: \$250.00/Individual \$300.00/Couples

Client co-payment: _____

Emily Markowitz, LMSW, LCSW standard fee is \$250.00/Individuals, \$300/Couples per session. Emily Markowitz, LMSW, LCSW has reserved space in her practice for clients who may have difficulty paying the standard fee. For these clients, co-payments are offered on a sliding scale basis, based on ability to pay.

Based on my ability to pay, it is my understanding that my co-payment is \$ _____ per session.

EMILY MARKOWITZ, LMSW LCSW

Psychotherapy

Insurance Information: Insured's Name

Insurance Company Name

ID #

Group #

Plan #

Phone #

Address

I give my permission to Emily Markowitz, LMSW, LCSW to release information regarding my treatment, including but not limited to diagnosis and dates of service, to my insurance company. I agree to assign benefits from my insurance company directly to Emily Markowitz, LMSW, LCSW.

Print Name of Client

Signature of Client/Responsible Party

Date

Print Name of Client

Signature of Client/Responsible Party

Date
