

FINANCIAL CONSENT AGREEMENT FOR LA GROUP

Consulting and contracting with Kevin J. Simms LCSW, CADC-II, CSAT at Kensho Counseling includes the following financial agreements. All appointments, once set, include an agreement to pay for services when rendered. Cash, check, Venmo, PayPal, Zelle, or credit card payments are acceptable.

A credit card number and signature are required to be kept on file for late payments and late cancellations. If payment is not made, the credit card will be charged for the full amount of invoice. There is a 24-hour cancellation policy: appointments not cancelled 24 hours prior are subject to full fee payment at time of appointment.

Sessions are at a rate of \$225 per month for 90-minute group once a week. I can provide a superbill, though I cannot promise to successfully advocate with your insurance company.

Agreement: I have read this information completely. I acknowledge that it is my choice to participate in therapy group. I acknowledge responsibility for payment of these services and give permission for my credit card to be charged for all appointments.

Client Name (please print clearly)

Credit Card Number

Expiration Date Security Code

Name on card , Billing Address including zip code & Phone number

Signature of Financially Responsible Client

Date