



Payment Agreement  
Effective 01/01/2018

**I understand that I am responsible to pay for services received each time that I attend a session at Full Circle Therapy.**

I further understand that cancelled appointments require at least 24 hours notice. In the case of a cancellation without 24 hour notice, a missed appointment or a late arrival, I may be charged for a full session.

Insurance companies or public assistance funds will not pay for appointments that are cancelled or missed.

The agreed upon fee for clinical services is as follows:

**Individual and Family: \$160.00**

**Intake: \$180.00**

A finance charge of 1.5% will accrue on accounts 90 days past due.

A \$30.00 service charge will be added for returned checks. The clinic reserves the right to use collections or conciliation court on accounts 90 days past due.

I understand and agree to the above conditions:

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Client/Parent/Guardian Signature

Date