

Agreement to Pay for Professional Services

I request that Audrianna J. Gurr, LPC provide professional services to me and I agree to pay this therapist's fee of \$ 175 per session/co-payment for these services.

I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform him or her, in person or by certified mail, that I wish to end it. I agree to meet with this therapist at least once before stopping therapy. I agree to pay for services provided to me up until the time I end the relationship.

I agree that I am responsible for the charges (including co-payments) for services provided by this therapist to me, although other persons or insurance companies may make payments on my account.

I agree to pay all fees at the time of service via cash, check or credit card.

I agree that I will pay the session fee if I no show or give less than 24 hour notice for a scheduled appointment as I understand that this time cannot be used for another client.

Please circle your payment choice below:

Please charge card automatically for sessions or I plan to pay with some other method.  
Financial information - Credit card: VISA MasterCard Discover Other \_\_\_\_\_

Name on card: \_\_\_\_\_

Card #: For Privacy - To be Added to Online scheduling platform - Acuity

Exp. date: \_\_\_/\_\_\_ Sec. #: \_\_\_ Zip Code: \_\_\_

I have also read this therapist's Professional Disclosure Statement, Confidentiality Agreement and agree to act according to everything stated there, as shown by my signature below.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name