



## Gates Therapy Financial Agreement

- If a change is needed in appointment time, please reschedule within the same week, or full session fee will be charged for an unattended session.
- With at least 24-hours notice, sessions may be canceled, at no charge.
- Session fees will increase by a small amount each year, usually in July. Clients will be given notice before this happens.

By signing this form, and initialing below, I agree to pay

50-min sessions 195

75-min sessions 290

\_\_\_\_\_I acknowledge that I will be charged the week that I have a scheduled session, whether or not I attend.

\_\_\_\_\_I understand that if I miss a scheduled session and do not reschedule within the same week, I will be charged, even though I did not attend.

\_\_\_\_\_I understand that my therapist will not contact any insurance company to report on my diagnosis, progress, or my mental health status. I will take care of payments for my sessions without allowing an insurance company to limit my access to care.

Print Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Name (if different from payer) \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_