



Couples Counseling Payment Agreement

Client A Name: _____

Client B Name: _____

Date: _____

Financial Responsibility

Clients understand that they are financially responsible for the cost of their couples counseling sessions. Couples counseling is not typically covered by insurance, and as such, the following policies apply:

1. **Private Pay Agreement** – Clients acknowledge that they are responsible for all session fees and that couples counseling services will not be billed to insurance. For more information, please see our Couples Counseling Insurance Waiver.
2. **Session Rates** – Clients agree to the following session rates:
 - **50 minutes:** \$175
 - **75 minutes:** \$220
 - **90 minutes:** \$250
 - Payment is due at the time of service.
3. **Additional Services** – The hourly rate may also apply (prorated) to services outside of standard sessions, including but not limited to:
 - Report writing
 - Telephone consultations exceeding 10 minutes
 - Emergency contacts initiated by the client
 - Attendance at meetings or consultations with other professionals as authorized by the client
 - Therapist preparation of records or summaries
4. **Legal and Court-Related Services** – Any legal or court-related services, including subpoenas, court testimony, or preparation of legal documents, are charged at a separate rate. Clients may request further information on these charges if applicable.

Cancellation & No-Show Policy

Clients agree to provide at least **24 hours' notice** for any canceled appointments. If a session is canceled with less than 24 hours' notice or the clients do not attend the scheduled session, a cancellation fee of \$100 will be charged.

Payment & Billing

1. **Credit Card on File** – All clients are required to keep a valid credit card on file to schedule an appointment.

2. **Automatic Billing** – Unless other arrangements are made, the Center for Family Development will automatically charge the credit card on file for all fees, including session charges, late cancellation fees, and any other agreed-upon costs within three business days from the date of service.
3. **Statements & Balances** – Balances are always viewable in the client portal. Statements are sent on the **1st of each month** for any outstanding balances. If no balance is due, a statement will not be issued.

Credit Card Authorization

Please enter your credit card information below:

Name on Card: _____

Card Number: _____

Expiration Date (Month/Year): _____ **Billing Zip Code:** _____

Security Code (CVV): _____

- I understand that any balance for No Show appointments and/or Late Cancel appointments will be charged to my credit card immediately.
- By checking this box and signing below I acknowledge I have read and understand this payment agreement. I hereby agree to pay for all charges incurred at the Center for Family Development. I understand that failure to make payments without notification to the billing department at the Center for Family Development may result in further collection action. The Center for Family Development will have full discretion for unpaid accounts and may take any necessary action to collect unpaid balances.
- By checking this box and signing below, I authorize the Center for Family Development to charge this card for fees related to my treatment at the time of service.

Client A Signature: _____

Date: _____

Client B Signature: _____

Date: _____