Helen A.Rudinsky, MS

Consent Form 2--Payment Contract

I, Helen A. Rudinsky, MS, am committed to providing caring, professional care to my clients. As part of my services, I have established this **Payment Contract** to clarify payment for services. Because outstanding balances require bookkeeping services and additional expense, I have established a "**Pay as You Go**" payment policy. I ask clients to become very familiar with the following policies to avoid misunderstandings.

I agree to pay Helen Rudinsky for _____ Adult Session--50 minutes

_____ Child Session--30 minutes

- I understand that payment is to be made at the beginning of each session by cash. I understand accruing a negative balance is not permitted.
- I understand the full regular session fee is charged for missed appointments or cancellations with less than 24 hour notice. If a session is missed, I understand I must pay this fee within 5 business days or at the next session whichever comes first.
- If I am late for a session, I understand only the remaining time of the session will be used, no extension will be made. I will be required to pay the full session fee.
- If I would like to go beyond the session time, and no client is waiting, I understand I may extend the session by paying an additional session fee, prorated by 15 minute increments.
- I understand I will be charged a pro-rated fee of 50 Euros per 15 minutes for the therapist to write letters, reports, handle disputes or consult with professionals (doctors, school personnel, etc) on my behalf.
- I understand that not abiding by this Payment Contract could be grounds for termination of services.

I understand that I am responsible to verify if treatment is included in my insurance plan and if I can choose a therapist outside my plan. I understand that Helen Rudinsky is not a provider for any insurance plan and does not process insurance forms. I understand that I am responsible to file a claim with my insurance company and follow up as needed.

If I become a regular, ongoing client, after 4 sessions, I may request a monthly summary statement from the therapist to submit for reimbursement. I understand if I do not become a regular, ongoing client, I will not be issued a statement. I understand that if my insurance company does not pay the bill, I am still responsible for my payments.

I HEREBY CERTIFY that I have read and agreed to the conditions of the Payment Contract.

Name (Printed) _____ Date _____

Signature _____

Name (Printed) _____ Date _____

Signature _____