



ACKNOWLEDGMENT OF FEE AND
 PAYMENT POLICY
 11 North Water Street
 Mobile, AL 36602
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I, _____, understand that I am responsible for the payment of all
 (Client Name)

applicable service fees and do hereby promise to pay for all such fees at the beginning of each sessions. I acknowledge treatment fees have been explained to me and that if I miss a scheduled appointment without canceling or cancel with less than 24-hour notice I will be subjected to a cancellation fee. I understand payments may be made with a VISA, American Express, Discover, MasterCard, and Cash. I acknowledge Practical Choices and Healthy Change Therapy, LLC ask all clients to complete a credit card authorization form at the time of intake, and in the event I have a balanced owed for more than 60 days I will be charged the overdue amount in my account and be notified of this charge via mail. If I fail to pay a delinquent account after 90 days, my right to confidentiality regarding financial information will be automatically waived and I will be subject to all fees associated with payment recovery. I understand that recovery of delinquent payments may involve a collection agency or attorneys and I will be responsible for all cost of collection. I understand that although my therapeutic relationship may have ended, my billing account will not be formally closed until my balance is paid in full. I also understand that service fees are subject to change or adjust overtime. The current fees are:

Intake Fee.....	\$100
Individual Sessions Fee.....	\$50
Cancellation without 24 Hour Notice Fee.....	\$50
Copy of Records Fee.....	\$0.10 per page

By signing below, I acknowledge and accept all terms and conditions related to payment of the fees under my treatment.

 Client name (please print)

 Signature of client

 Date signed

 Signature of therapist

 Date signed