

**Creative Solutions Counseling
9800 Hillwood Parkway, Suite 140
Fort Worth, TX 76177**

Agreement of Payment

Payment Contract

Having requested services from Creative Solutions Counseling I agree to pay for services at the following rates and to abide by the terms outlined in this contract. All appointments are generally 45-60 minutes and are billed on a per session basis. Payment is due at the time services are rendered. Sessions may be scheduled for a longer period of time and in such instances are billed on a prorated basis. If you call to cancel your scheduled appointment at least 24 hours in advance you will not be charged. If you provide less than 24 hours' notice, there will be a full-fee charge, emergency situations notwithstanding. Each such circumstance shall be evaluated and a determination as to the charge will be made at that time.

Clients will not be billed for brief, miscellaneous emails or concise phone calls regarding scheduling or other questions. However, we reserve the right to bill for excessive out-of-session communications or communications with other professionals, if that becomes a significant issue and will discuss it with you at the time should this become necessary. Full payment is due at the time of service and Creative Solutions Counseling accepts cash and checks. Returned checks will be assessed a \$35.00 administrative fee for each occurrence. Delinquent accounts may be turned over to collection agencies for pursuit of outstanding balances. Creative Solutions Counseling, reserves the right to suspend services if there is an unpaid balance in your account.

By signing this Client Information and Consent Form, as the Client or Guardian of the Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health treatment and services for me (or my child if my child is the client) from Mariah Snapp, LCSW. I understand that I may stop such treatment or services at any time.

Signature

Date

I HEREBY CERTIFY that I have read and agree to abide by all of the conditions indicated in this contract.