

Client Financial Agreement Form

Thank you for choosing OnTrack Counseling Lehigh Valley. We are committed to providing quality services. We also want you to have a clear understanding of the costs involved with your counseling. Please carefully review the following information and return this form with your signature and today's date.

Attendance and Appointments: _____ (initial)

- During your initial appointment we ask for you to put a valid credit card number on file. This policy gives consent for OnTrack Counseling Lehigh Valley consent to bill your card \$45 dollars if you fail to give 24 hour notice in canceling an appointment.
- If you are unable to make a scheduled appointment please notify your counselor or the main office at least 24-hours in advance. For Monday appointments you can leave a voice message.
 - You can communicate that you are canceling your appointment by e-mail or phone

My Valid Credit Card Information is:

Name: _____ Credit Card Number: _____ Expiration Date: _____

____ Visa ____ Mastercard ____ American Express

Fees and Payments: _____ (initial)

- Payment is expected in full at the time of service. Any other payment arrangements must be made with the counselor or main office. Checks are made payable: OnTrack Counseling Lehigh Valley. We also accept cash and credit cards. A client will be charged \$ 50.00 for returned checks, insufficient funds via check or debit card
- Counseling will be discontinued until all payment fees are up-to-date. Outstanding fees past 30 days will be referred to a collections agency.
- Online counseling or phone counseling must be paid for in advance.
- Payments received on the client's behalf through a church or community organizations must call 484-821-7287 to set-up payment arrangements before the client begins counseling through Ontrack Counseling Lehigh Valley.
- Ontrack Counseling Lehigh Valley does not file insurance claims at this time. Out-of- Network benefits may apply to your counseling sessions but this is determined by your insurance company. If you wish to file for out-of-network insurance benefits you must pay the standard fee. A receipt appropriate for submitting to your insurance company will be provided. You must pay for each session and have the insurance company reimburse you directly.
- An hourly rate of \$45 will apply for letters or forms requiring the counselor's time.

- An hourly rate of \$35 will apply for court appointments or meeting with outside professional providers

Your signature below indicates that you have received, read, understand your rights and responsibilities under this agreement and agree to enter a counseling relationship with Ontrack Counseling Lehigh Valley upon the terms of this agreement.

I _____ have read and understood the above document

_____ I am able to pay the regular/discount fee per a counseling session

_____ I am unable to pay the regular/discount fee per a counseling session therefore will complete the attached paperwork needed to apply for financial aid.

Client's Signature: _____ Date: _____

Parent Signature (if client is under the age of 18): _____ Date: _____

Counselor's Signature and Credentials: _____ Date: _____

___ decline a copy of this document. ___ would like to receive a copy of this document.

Financial Aid Form

This cannot be reviewed if the necessary paperwork is not submitted:

Annual Gross Income (before taxes): \$_____ (please provide proof of income)

Support from other sources: \$_____ (please provide proof of income)

Grand Total: _____

Reason for financial aid:

Will Church or Organization be able to pay for your counseling?

No

Yes I, _____ give consent to OnTrack Counseling Lehigh Valley to contact _____ to set-up payment arrangements and to make them aware that you have attended approved session (s). _____ will pay \$_____ for _____ sessions. If only 1 session is paid for the client must agree in writing that he/she will attend 4-5 additional sessions at new proposed rate.

I can afford to pay \$_____ for counseling

I cannot pay anything at this time because I am unemployed. Please provide back-up documentation.

Fee is valid for 30 days which equals 4-5 sessions. The client's financial situation will be reviewed at this time.

Client Signature: _____ Date: _____

OFFICE USE:

_____ Current Fee _____ Proposed Fee

New Fee Effective Date: ___/___/20___

New Fee Will End: ___/___/20___

Staff Signature: _____ Supervisor Signature: _____ Date: _____