



Everyday Counseling and Coaching Services, LLC
Orly Katz, LCPC, NBCC
1 Research Court. Suite 450
Rockville, MD 20850
(301) 660-6759
therapyorly181@gmail.com

Financial Agreement

I _____, have discussed the following types of financial payment plans and procedures with my therapist, Orly Katz, LCPC

Address: _____

Private Pay

I agree to pay \$_____per session. Payment is expected at each session, unless I have made prior arrangements with my therapist.

Date: _____ Signature: _____

Our office is pleased to provide you with a superbill and all the information necessary to submit to your insurance for reimbursement. However, it must be fully understood that the contract is between YOU and your insurance company and you are fully responsible for the full amount at the end of each session.

Our office does not guarantee that your insurance company will pay. We will make every attempt to provide you with the right information. However, if for some reason your insurance claim is denied, you are responsible. We will not enter into a dispute with your insurance company over your claim. That is your responsibility and obligation.

Date: _____ Signature: _____

POLICY REGARDING REPORT WRITING AND CONSULTATIONS

If you request your therapist to write reports, you will be billed \$100 PER HOUR for a minimum of 2 hours. Please request that your therapist write any needed letters at the beginning of your session, so your session can include information about your request to write your letter.

Finally, if you need your therapist to consult with teachers, principals, other doctors, social workers, attorneys and/or any other professionals, we are happy to provide this service. However, you will be billed for your therapist's time according to their hourly fee and the amount of time needed for the consultation. Again, this does not include brief phone calls. Any report or phone call that takes more than 10 minutes will be billed to you.

Date: _____ Signature: _____

CANCELLATION/RETURNED CHECK POLICY

I understand that appointments cancelled under 24 hours in advance will be billed \$100 per session **out of pocket**. I understand that a \$25 service charge will be added to all returned and declined checks.

I understand and agree with all of the above. Please sign your name below and we will accept your assignment.

Date: _____ Signature: _____

I have explained the financial agreement to the above named client(s).

Date: _____ Therapist: _____