

PAYMENT CONTRACT FOR CAREER SERVICES

The following is a statement of the financial policy. It is requested that you read and sign this statement prior to beginning services. **Full payment is due at time of service. Payment methods include: Check, Cash, Visa/MC/Discover/Amex.** A \$25 fee will be assessed to your account for all returned checks. Clients using charge cards sign below allowing the provider to automatically submit charges to the charge card after each session and can change payment information at any time.

FEDERAL TRUTH IN LENDING DISCLOSURE STATEMENT FOR PROFESSIONAL SERVICES

Part One Fees for Professional Services

\$ 125 per visit (defined as 45–50 minutes) \$ 50 for testing (MBTI and Strong career testing)
 \$ 60 is charged for missed appointments or cancellations with less than 24 hours notice.

Part Two All Clients

Payments, testing fees, and related fees are due at the time of service. Services will be terminated if timely payment is not made as agreed to by this consent.

Part Three Minors

The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied non-emergency service unless charges have been preauthorized to an approved credit plan, charge card, or payment at the time of service.

I HEREBY CERTIFY that I have read and agree to the above terms and conditions and accept full responsibility for payment of all fees at the time of the visit, unless other arrangements have been made.

Client's Name: _____ DOB: _____

Person responsible for account: _____ Date: ___/___/___

PAYMENT AUTHORIZATION FOR SERVICES

I authorize Rachel Eddins/Eddins Counseling Group to keep my signature on file and to charge my credit card account for:

- All balances not paid by third-party payers after 60 days.
- Recurring charges (session fees, testing fees) as per amounts stated above.

All credit card payments are deemed final.

Client's Name:	Cardholder's Name:
Cardholder's Billing Address:	
Card Type:	Expiration Date:
Account Number:	Security Code:
Cardholder's Signature:	Date: