



Client Fee Agreement

I have read and I understand Rachelle Neckar's billing policy and agree that:

- My insurance company is _____ : my copay is _____
- My deductible is _____ before my policy covers Rachelle Neckar's services
- It is our policy that all clients have credit/debit card information on file. Your card on will be charged if you do not give a 24-hour notice prior to your next appointment or if a missed appointment occurs.
- I authorize you be able to charge my credit or debit card for missed appointments if a 24-hour notice is not given. (FLEX or HAS cards do not apply to this charge)
- My card number is _____ - _____ - _____ - _____. Exp date _____ CVC _____

All fees are my responsibility. I am expected to make all payments and co-payments at the time of service. If services are rendered and I don't pay, Rachelle Neckar will charge my credit/debit card I have on file for that service.

I will personally be charged the full fee for appointments cancelled with less than 24-hour notice, except in an emergency. This fee will be charged to my credit/debit card on file.

Current Fee:

\$150.00 for a 53+ minute session.

Client Signature _____ Date _____

Client/Guardian Signature _____ Date _____

Therapist Signature _____ Date _____