DEERFIELD COUNSELING

PAYMENT AGREEMENT FOR COUNSELING / PSYCHOLOGICAL TESTING & EVALUATION SERVICES

I ,____ , agree to pay in full any and all fees pertaining to counseling, therapy, psychological testing, and/or evaluation services within 30 days of receiving a bill. These fees include the initial assessment, counseling sessions, testing, test scoring, test interpretation, report writing, and interpretation of results, and any other additional fees pertaining to consultation with third parties such as schools, physicians, etc. I understand that often not all services are fully covered by insurance and agree to pay all charges not covered by insurance (i.e. co-pays).

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Client / Parent / Guardian Signature

____

Date