



# Life Discovery Counseling Services

Phone: 971.808.2686 | Fax: 866.802.8062

Email: contact@lifedcs.com

Web: LifeDCS.com

## Statement of Financial Responsibility

**Fees:** I provide services ranging between \$15-\$80 per 50-minute session depending on your income and according to the level of counselor you're seeing (see the corresponding sliding scale fee schedule). Phone calls, reports, and other services provided outside of regularly scheduled appointments are billed in 15-minute increments. Participation in legal proceedings is billed at \$250 per hour, including commute time, report writing, and other preparations. Payment and insurance co-pays due in full by cash, check, or debit/credit card **on the date of service**. I prefer cash/check and give a discount for those payments, but will process cards (including FSA/HSA) on the date of service without a discount.

**Cancellation Policy:** Please call 24 hours in advance to change or cancel an appointment to allow that time for another person. You are able to leave a message 24 hours a day. If you do not show for an appointment and do not call to cancel within 24 hours of the session, you will be billed the full session rate for the session.

**Payment Policy and Agreement:** In the event that my account has not been paid within 90 days, I authorize Life Discovery Counseling Services, LLC to charge the following account for services according to the financial policies and payment agreement above at which time account will be charged any unpaid balance.

Type of card:

Visa  MasterCard  Amex  Debit  FSA/HSA

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Security Code: \_\_\_\_\_

Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email for receipt: \_\_\_\_\_

Signature: \_\_\_\_\_

I have read this Statement of Financial Responsibility. I understand that I am responsible for my bill, payable to Life Discovery Counseling Services, LLC.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date