

## PAYMENT POLICY AND AGREEMENT

Sue Sacks, MA - Learning Specialist 1220 SW Morrison St. Suite 525 Portland, OR 503-799-2703

*I am committed to providing professional care to all of my clients. As with any independent business, my ability to continue to provide treatment to you or your child is dependent on timely payment for services rendered. This policy and agreement explains your responsibility regarding reimbursement for services.*

### **Fees may be paid by cash or check:**

\*following the time of service for individual sessions, consultation or meeting

\*at the time of the intake session for an evaluation (\$300 minimum, remainder to be paid the day of the feedback session)

\*prepayment of blocks of sessions following the first individual session

A receipt will be provide for each payment or, if you prefer, a monthly statement provided listing sessions/charges and payments. This receipt may be emailed or printed.

### **Cancellation Policy:**

24 hour advanced notice is required for canceling or rescheduling an appointment. If an appointment is cancelled with less than 24 hours notice or an appointment is missed, a charge of \$60 will be assessed for individual sessions and \$150 for evaluations. If three appointments are cancelled without 24 hours notice, the client's care is subject to termination.

### **Insufficient Funds:**

If your check is returned for insufficient funds, your account will be charged \$25.00.

*By signing below, I agree to this fee structure. I understand if additional services are provided or required, an additional fee agreement will be signed and reviewed.*

\_\_\_\_\_  
Client/Guardian

\_\_\_\_\_  
Date