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Agreement to Pay for Professional Services

I request that the therapist named below provide professional services to:

_____ (OR to _____,
who is my (relation)_____.)

I agree to pay the therapist's fee or co-payment of \$ _____ for 45-60 minute counseling session(s).

I have chosen to utilize one of the following:

Package plan and agree to pre-pay \$ _____ for _____ sessions.

Monthly Payments of: \$ _____ for _____ months for _____ sessions.

Other: _____

I will pay fees with (Cash / Check / Credit Card). I will pay for further sessions with _____ . I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform her, in person or written, that I wish to end it. I agree to meet with this therapist at least once before ending therapy.

I agree to pay for services prior to the start of each session up until the time therapy is terminated.

I agree that I am responsible for the charges and/or co-payments for services provided by this therapist to me (or this client), although other persons or insurance companies may make payments on my (or this client's) account.

I have also read this therapist's "Policies & Procedures" form and agree to act according to everything stated there, as shown by my signature below and on the form.

Signature of client (or person acting for client)

Date

Signature of client (or person acting for client)

Date

I, the therapist, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist

Date



A New You
COUNSELING

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Credit Card on File Information:

If a credit card is required to be on file to be charged for no-shows, late cancellations or other necessary payments, I agree to provide this information below.

Card Number _____

Exp Date _____ Code _____

Name on Card _____

Address & Zip of Card _____

Signature: _____ Date: _____