



PAYMENT AGREEMENT

I understand my appointment time is reserved just for me and I agree to remit payment for all services rendered by Money Talks Baltimore, LLC, in full, at the time of each session. I accept full responsibility for the payment of all charges and payment will be made in the form of U.S. currency, check payable to Money Talks Baltimore, LLC PayPal, Square or CASH app. If my insurance is not covered by Money Talks Baltimore, LLC, I will be provided with a bill for possible reimbursement from my insurance company.

All checks submitted to Money Talks Baltimore, LLC are in good faith and will clear my banking institution when presented for redemption. In the unlikely event that my check is rejected by the bank due to insufficient funds, I shall immediately pay Money Talks Baltimore, LLC the full value of the check plus all fees and penalties assessed relative to the returned check. In addition, I agree that thereafter, all my payments for services will be made in full.

All charges or balances that remain unpaid after any visit will immediately be considered delinquent and no future appointments will be scheduled until the balance is paid in full. Money Talks Baltimore, LLC reserves the right to assess penalties and other charges incurred in the collection of an unpaid balance. After thirty (30) days, delinquent accounts may be assigned to a collection bureau.

ATTENDANCE POLICY

I understand that visits are arranged in advance, typically weekly or biweekly by appointment only and should be scheduled for times that I can keep. I will give twenty-four (24) notice if it is necessary to cancel or reschedule an appointment. If I miss an appointment, I agree to pay the minimum per visit charge. I understand whether I respond to a courtesy reminder call/text or not, I am still responsible for keeping my appointment or cancelling within the required timeframe to avoid a fee. I will be ready/arrive for my session at the scheduled time and I understand that should I be ten (10) minutes late, I can forfeit the session and be charged a minimum visit fee.

I understand that full participation is necessary for me to benefit from therapy sessions. Cancelling more than three appointments in a one-month period may result in termination of services. I may return later when I can fully commit to therapy.

I fully understand and agree with policies above and the charges as stated below:

Intake Assessment (60 minutes) - \$150.00

Individual Therapy Session

In person/ Video-Based (45 minutes) - \$120.00

Missed appointment fee - \$75.00

Returned Check fee - \$25.00

Couples Counseling

In person/ Video-Based (45 minutes) - \$130.00

Family Therapy Session (45-60 minutes) - \$130.00

Group Psychotherapy (45-60 minutes) - \$50.00

Letter Writing/Application Fee - \$30.00/15 minutes

Any questions of problems I may have pertaining to this agreement will be addressed and resolved prior to receiving services.

Print name: _____

Signature: _____

Date: _____

SSN: _____