SERENITY & HOPE, LLC
Kathleen Hurley, Med, LPC, NCC
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Kirkwood, MO 63122
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314-690-1667

Private Payment Agreement

Some clients decide not to use their insurance benefits for psychotherapy services. The following agreement outlines the terms of payment between clients who choose not to use insurance coverage and Serenity & Hope, LLC/Kathleen Hurley Med, LPC, NCC.

***Please Initial each item to indicate that you have read, understand, and agree with the following items:**

_____ I am choosing not to use any Health Insurance Coverage to pay for psychotherapy services with Serenity & Hope, LLC/Kathleen Hurley Med, LPC, NCC.

_____ I understand that Serenity & Hope, LLC/Kathleen Hurley Med, LPC, NCC will not bill any third party or insurance companies for any services or fees incurred while in treatment.

_____ I understand that if I decide to use my insurance coverage I will alert Serenity & Hope, LLC/Kathleen Hurley Med, LPC, NCC in writing, and that any treatment provided before that date will not be billed to my insurance.

_____ I understand that Serenity & Hope, LLC/Kathleen Hurley Med, LPC, NCC may not be a provider with my insurance company.

_____ I understand I am solely responsible for any fee's incurred while in treatment with Serenity & Hope, LLC/Kathleen Hurley Med, LPC, NCC.

_____ I am aware of the fee per session for psychotherapy treatment with Serenity & Hope, LLC/Kathleen Hurley Med, LPC, NCC.

_____

Name of Client (Please print) Date of Birth

_____

If Client is a minor, print name of guardian/parent Date of Birth

_____

Signature of Client/Guardian/Parent Date

_____

Kathleen Hurley Med, LPC, NCC Date