



## TREATMENT CONSENT, SERVICE AND PAYMENT AGREEMENT

For: \_\_\_\_\_  
(Client name)

By my signature below, I consent to receive treatment at DeFoore Consulting, LLC and to the services of Marney DeFoore, LCSW-S. I accept full financial responsibility for all of my charges and agree to pay for services rendered in cash or by check at the time of service. I understand that third party payors do not cover marriage, couples or premarital counseling and that these services are by private payment agreement only. I further agree, that in the event a mental health care claim is filed on my behalf that I assign any applicable payment directly to Marney DeFoore, LCSW-S. I also agree to receive texts, emails and or voicemails regarding my services, and I understand and agree to the following:

**Appointments:** Each session lasts 45-50 minutes. Except for medical emergencies the full fee applies unless rescheduled or cancelled more than 24 hours before the scheduled appointment. The full fee also applies for missed appointments or for late arrival beyond 20 minutes.

**Payment options:** Again, the entire balance is due in full at the time of the service and is payable in cash or check only. The fee for returned checks is \$30. The records duplication and/or form completion fee is \$70.

**A) Private Payments:** \$185 Initial Evaluation, \$150 follow ups, Intensive (by agreement)

**B) Third Party Payments:** Insurance or Employee Assistance Program (EAP) are **only billed if** I have a mental health diagnosis and Marney DeFoore is in my network, **but not for** marriage, couples or premarital counseling because I understand there is no coverage for such services. In the event a claim is filed with my third party benefit carrier but it is denied for any reason whatsoever, I understand that the private payment fee will then apply. Claims will not be filed for a secondary or out of network policies.

I agree to all these terms.

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

Date \_\_\_\_\_

effective 180901