



Online Counseling Solutions

Flexibility. Convenience. Privacy.

Hilary Akman
(954) 610 3861

HilaryAkman@OnlineCounselingSolutions.com

Payment Contract for Services

Part One Fees for Professional Services

I (we) agree to pay Hilary Akman, LPC, LMHC a rate of **\$140 for an initial assessment** lasting 60 minutes and **\$120 for individual, family, and relationship counseling** lasting 50 minutes. **Phone calls lasting beyond 15 minutes will be charged at a rate of \$30 per 15 minute increments.**

Missed appointments, cancellations with less than 24 hours notice, including cancellations over the weekend for Monday appointments are subject to the full charge of the appointment.

Your appointment time is time you have purchased.

I generally have a waiting list for canceled appointments, given enough notice I can generally offer the slot to someone else. If I am able to fill your slot I will not charge you for your missed appointment. Please keep the communication open so that I can work with you.

- **Letters requested will be charged at a rate of \$30 per page.**
- **Payments are due at the time of service**
- **VISA, MasterCard, and Discover card accepted**

***All clients must have a VALID credit card on file. ***

Part Two Responsibility of Payment

The Person Responsible for Payment shall make payment for services. This practice does not participate in any insurance plans. You may be able to receive partial reimbursement of services by utilizing your out-of-network benefits. Per your request, I can provide you with a bill to submit to your insurance company. However, please keep in mind that insurance companies require a diagnosis. Even if you do not have a mental health diagnosis I must give you one in order for you to receive reimbursement. I will always inform you of what your diagnosis is. This will be part of your medical record and can cause denial of security clearances or life insurances.

If you are having trouble paying for services, please discuss the situation with me. Satisfactory arrangements can always be made. Financial considerations should never prevent clients from receiving the care they need at the time they need it.

I HEREBY CERTIFY that I have read and agree to the conditions of the Payment Contract

Signature of Person Responsible for Payment

Date

Debit/Credit Card #

Exp. Date

3 digit code