Meaningful Journey Counseling

Financial Agreement and Authorization to Charge Credit Card

This agreement pertains to a third party paying for treatment. A credit card is required to be kept securely on file in the client's secure client portal. If the credit card information has not already been added to the secure portal, please contact Rachel Orleck-Lubka, Psy.D. at 206-745-3526 to relay the credit card number by phone or provide the number in person.

I, _____ (hereinafter "Client"), authorize, Rachel Orleck-Lubka, Psy.D., to communicate with _____ (parent/guardian/third party payer, hereinafter "Third Party") for the purposes of receiving payment. Please read the below agreements and sign your initials next to each agreement.

• I acknowledge that the fee for each session is based on the type and duration of service as laid out online and in the practice policies.	Client Third Party	_____ _____
• I understand that Meaningful Journey Counseling does not accept insurance. I understand that Meaningful Journey Counseling can provide a superbill, which will require diagnosis, that I can submit to my insurance. I understand that understanding my insurance company's out-of-network benefits is my responsibility.	Client Third Party	_____ _____
• I acknowledge that full payment is due at the time of service. I understand that any phone conversation over 10 minutes will be charged at a prorated fee based $195/hr for an individual client and $225/hr for a couples client.	Client Third Party	_____ _____
• I understand that any appointments scheduled but not kept, as well as any appointments cancelled within 48 hours of scheduled time, will be charged at the full fee for that appointment type and duration as was scheduled.	Client Third Party	_____ _____
• I, the Client, acknowledge that if the Third Party cancels their authorization for payment, I am responsible for any future charges and must provide new credit card to be kept on file and charged according to the above policies.	Client	_____

_____   _____   _____
Third Party, Print Name   Third Party, Signature   Today's Date

_____   _____
Third Party Phone Number   Third Party Email

_____   _____   _____
Client, Print Name   Client, Signature   Client, Date of Birth