## Stephanie Spak, MA, LPC, CADC 1 2929 SW Multnomah Blvd., Suite 304 Portland, OR 97219 503-452-0240

### PAYMENT

200
50
50

Payment is due at the time of service unless other arrangements are made. Fees may be paid by cash, check or credit card.

Insurance will be billed at your request. Unless I am in network with your insurance company, I will collect your full fee at each session and bill your insurance monthly for you. If you would like to submit your claims on your own, I can provide you with invoices as needed.

# Please note that you are responsible for your bill whether or not insurance covers the cost of treatment.

### CANCELLATIONS

We will agree on the frequency and scheduling of sessions. Please be aware that your appointment time is reserved especially for you.

If you need to cancel or reschedule your appointment, 24 hours notice is required, otherwise a cancellation fee of \$75 will be charged.

In the case of illness or emergency, or if we are able to reschedule within the same week, the cancellation fee may be waived.

### Please note that insurance cannot be billed for missed appointments.

#### AGREEMENT

Please initial your agreement of the following:

\_\_\_\_\_ I agree to pay \$\_\_\_\_\_ for the intake session and \$\_\_\_\_\_ for subsequent sessions.

By signing this document, I agree that I understand and agree to these policies, and that I will inform Stephanie Spak, LPC, of any changes to my insurance coverage.

Signature