

Agreement between Hilltop Cares (HTC) and Psychotherapy Provider

I, _____ have agreed to accept payment directly from HTC for the treatment of the following patient, _____. We have currently agreed to _____ sessions at my usual fee of \$ _____, not to exceed \$150.00 per visit. Given that HTC is paying for therapy from charitable donations, I agree to not charge for missed visits, regardless of my individual office policy concerning cancellations or missed appointments.

Signature

Name

Date