

PAYMENT AGREEMENT

Our first 30-minute session is free, no strings attached

Individuals: \$_____ per 55-minute session

Couples: \$_____ per 90-minute session

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. If the fee is preventing you from entering into counselling, please request more information so we can discuss your options.

If there is a possibility that you are covered by insurance, please carefully read the section in your insurance coverage booklet that describes mental health services. I am a “Registered Clinical Counsellor.” Many plans cover only for Clinical Psychologists, Psychiatrists, or Social Workers. I recommend that you read the fine print carefully and/ or call your plan administrator to determine the extent of your coverage.

Please indicate how you will be paying:

- ☐ Cash, check, or email transfer at the time of each session. Please make checks out to *Sandi Langston*.
- ☐ Extended Health Insurance Coverage.
- ☐ Payment Schedule Agreement – describe in *Notes* below
- ☐ Employee Assistance Program
- ☐ Other (such as specialized victim assistance program) – specify below

Notes:

Client Name: _____

Client Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____