



**Financial Agreement**

In the interest of forming a cooperative working relationship I, Deanna Walsh-Bender/CAPES (herein DWB/CAPES), ask that you please carefully read the financial agreement as described below. If you have any questions or concerns regarding this policy, I encourage you to speak with me for any clarification needed. **Kindly initial next to each "X" then sign your full signature & date on the last page.**

- 1. **Payment:** For your convenience, you may remit payment by cash, check, or credit card.
  
- 2. **Service Fees:** All services are rendered fee for service only. I understand that I am fully responsible for all treatment fees and will remit the full fee at each appointment. I understand that the fee for the initial consultation is \$200 and the fee per 45 minute session is \$150. I also understand that any professional services I request of DWB/CAPES in addition to regular session appointments, will be billed at the rate of \$200 per 60 minutes increments, or for periods of less than 1 hour, \$50 per 15 minute increments. This would include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with my permission, attendance at meetings on my behalf, and any applicable travel time to and from meeting attended. If I become involved in legal proceedings that require DWB/CAPES participation, I will be expected to pay for all of her professional time, including preparation and transportation costs (even if she is called to testify by another party). Because of the difficulty of legal involvement, the fee is \$400 per hour for preparation and attendance at any legal proceeding (including traveling to and from the courthouse).

X \_\_\_\_\_

- 3. **Appointment Cancellation/No Show:** I acknowledge that I will be billed the full session fee for appointments cancelled less than 24 hours before my scheduled time, as well as for scheduled visits where I do not show, unless we both agree that I was unable to attend due to circumstances beyond my control. DWB/CAPES will provide confirmation texts/emails/calls the evening before, or the morning of, my scheduled appointment as a courtesy reminder. If I cancel my appointment at the time of the courtesy confirmation, and it is less than 24 hours before my scheduled appointment, I understand that I will still be assigned the late cancellation fee. If it is possible, DWB/CAPES will try to find another time to reschedule the appointment. If no appointment time is available, I am still responsible for the full session fee.

X \_\_\_\_\_

- 4. **Returned Checks:** For every returned check, I will have to remit a \$20.00 processing fee. DWB/CAPES requires that my returned check amount, plus the processing fee, be paid in full before or at my next scheduled appointment.

X \_\_\_\_\_

- 5. **Delinquent Accounts:** Client balances are due in full within 10 days of receiving a monthly statement. If my balances are not paid in full within that time period, a \$10.00 rebilling fee will be assessed to my account. Please be advised that accounts past due by 90 days, unless arrangements have been made with the accounts manager, will be sent to collections. I may leave a message for the accounts manager, Herta Walsh, any time at 631-686-6021. As a courtesy to clients, a certified letter will be sent indicating the status of my account. If the certified letter is not signed, we will continue with our collections process and you will be charged all additional fees assessed in the collection of the debt. Clients are given 10 working days to respond to this notice before action is taken. If my account is delinquent or assigned to collections, I understand that I will not be allowed to come back for services until my balance is paid in full.

X \_\_\_\_\_

I have read the DWB/CAPES financial agreement and understand it. I have been given the opportunity to express my concerns and ask questions about the document. I understand that I may be furnished a copy of this agreement upon my request.

X

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Client/Responsible Party Signature

X

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Client/Responsible Party Printed Name

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Date