



21000 Rogers Drive, Suite 100
Rogers, MN 55374
763/424-1888

PAYMENT AGREEMENT

- I understand that I am ultimately responsible the payment of services received.
- If using insurance, Northwinds Counseling Services, P.A. will file the insurance claim. However, I am responsible for payment of my co-pay at the time of services.
- I further understand that I am to give a 24 hour notice when canceling appointments. In the case of missed appointments or cancellations shorter than 24 hours, a \$65 fee may apply. Late arrivals will be charged the full fee.
- The agreed upon fee for clinical services is as follows:
 - When applicable, in-network contracted rates will be followed for services listed below.
 - 90801-Diagnostic Session: \$165.00
 - 90806-Hourly Session: \$125.00
 - 90853-Group Session: \$65.00
 - 90847/90846-Family Sessions: \$125.00
 - Court appearances and report preparations are charged at the hourly session rate. Time will include drive time to and from court.

I understand and agree to the above conditions.

Client's Signature

Legal Guardian /Relation to Client

Date