

Harmonia:

Madison Center for Psychotherapy, LLP

406 North Pinckney Street • Madison, Wisconsin 53703 • 608/255-8838

SERVICE AGREEMENT

The following information represents clinic procedures and therapist expectations. Please read carefully and ask your therapist any questions you may have. Your signature represents agreement to abide by these procedures.

- 1. Unless other arrangements are made, I agree to pay my co-pay or service fee (if there is no insurance to be billed) at the time of service.
2. I understand that my therapist will have any insurance I designate billed for dates of service, and that I am responsible for payment of all fees if insurance should deny coverage for any reason.
3. I agree to pay for missed appointments, including group sessions, unless I give 24-hour advance notice, or I am prevented from giving notice by an emergency. I understand that missed appointments are not billable to my insurance company.
4. Harmonia's standards of practice include periodic consultation with other staff as needed. All staff members have signed a confidentiality agreement.
5. I understand that the cost of an initial session is _____, and the cost of each subsequent psychotherapy hour is _____. The psychotherapy hour consists of a 45-50 minute face-to-face visit and also includes 10 minutes of administrative time that is used for telephone calls, charting, record review, etc. On occasion the session may not be exactly 45-50 minutes, and in such cases the fee is prorated. The fee for any other services will be discussed prior to receiving the service.
6. I understand that I can talk to my therapist about any change in my insurance or financial situation, and that as long as I am adhering to a payment agreement, my account will be in good standing.
7. Notes/Comments: _____

I have read the above statements and agree to the terms as outlined.

Client Signature

Date

Harmonia Staff