

Client Agreement for Payment of Services to

Brighter Futures Counseling, PLLC

I \_\_\_\_\_ am seeking

\_\_\_\_\_ service(s) from  
Brighter Futures Counseling, PLLC (Brighter Futures). I acknowledge that one of the following circumstances applies:

1. I do not have insurance that will render payment for the above references service.
2. I have insurance that may render payment, but that I have elected not to submit this bill to my insurance company, as I wish to pay out of pocket.
3. That I have insurance but that the service being provided or the provider is not covered by my insurance plan.

In consideration for and as payment of the services rendered by the therapists/staff members at Brighter Futures, I agree to pay for services at a rate of \_\_\_\_\_ dollars per hour/class.

I understand that payment is due at the time the service is rendered and will be collected prior to the treatment, classes, and/or therapy unless otherwise agreed. Brighter Futures reserves the right to charge a late fee of 0.65% per month if payment is not rendered in a timely manner. Brighter Futures further reserves the right to suspend and or terminate our professional relationship with you as a result of non-payment if efforts to resolve the matter are unsuccessful. In the alternative, and without waiving the right to suspend and/or terminate our relationship with you as describe in the preceding sentence, Brighter Futures may elect to accept late payments; however, a late fee of 0.65% will be assessed if the bill is more than 30 days past due.

Brighter Futures reserves the right to bring any necessary legal action to collect on past due balances. Client agrees that if such legal action is necessary, Brighter Futures may recover court costs, filing fees, and attorney's fees incurred as a result of client's non-payment and the subsequent legal action.

If Brighter Futures incurs expenses of an unusual or extraordinary nature specific to the treatment, classes, and/or therapy rendered to you or your child, in addition to the normal fee as described above you will be billed separately for these expenses. Brighter Futures will consult with you prior to incurring an expense of greater than \$100.00. An example of an additional expense might be mileage to an offsite location in furtherance of the treatment in your case. However, ordinary and routine office expenses such as copying and faxing are included in the base rate in the base rate described above and are not billed as a separate expense.

I acknowledge that I have read and that I understand this form and that I agree to abide by the provisions set forth herein. I further agree that this form constitutes a legally binding contract between me and Brighter Futures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date