Heather K. Mazarakos MSW LCSW
HKM Psychotherapy Associates LLC
161 Cook Hill Rd Wallingford CT 06492

Financial Agreement Form

Client Name: _____

Initial Evaluation $ _____ (60- minute session)

Individual Therapy $ _____ (60- minute session)

Couples Therapy $ _____ (60- minute session)

Family Therapy $ _____ (60- minute session)

Please initial the following statements and sign below.

_____ (initial) I agree to pay for each service(s) listed above, in full, at the time that the service is rendered. Fees may be adjusted by therapist. I understand this will be discussed with me first.

If you understand and agree with the above, I ask that you sign this document as a statement of your understanding and agreement to comply with the financial and fee schedules. This document may be used along with your personal information to collect outstanding fees if not paid in a timely manner. If no attempt to pay for outstanding fees is made legal recourse may occur.

Thank you for valuing my services by agreeing with these terms,

_____

(Signature of Client or Guardian) (Date)

_____

(Signature of Therapist) (Date reviewed with client)