

**DC VA Counseling Psychotherapy, LLC**

200 Little Falls St., Suite 306, Falls Church, VA 22046

[Isabelbk08@gmail.com](mailto:Isabelbk08@gmail.com) 703-231-7991

**Client Payment Agreement**

To best provide services for you and to be in compliance with the insurance and/or business practice policies, DC VA Counseling Psychotherapy LLC recognizes the following client payment agreements:

A credit/debit card is required on file to secure payment for services.

Copayment/Coinsurance and self-pay client fees are due at the time of the services at the beginning of each session.

You can make your payments by cash, check or via pay pal. For your convenience, payments not made at the time of service or as agreed with therapist will be charged to your credit/debit card on file if needed.

Missed appointment/Late cancelation fees will be charged to your credit card on file in accordance with the cancelation and missed appointment policy found in your Informed Consent Contract if payment is not completed during the next visit.

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Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_

(All card information is confidentially secured for your protection)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digot CV#: \_\_\_\_\_ (on back of the card)

Cardholder Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*• I have read and understood the above information regarding my payment agreement with DC VA Counseling Psychotherapy, LLC. Please process my credit card on file for my copays or self-pay fees (if not otherwise paid by cash or check at the time of service), coinsurance, insurance deductible, or missed appointment/late cancelation fees.*

Charges will be reflected on your credit card or banking statement.

& Signature of Cardholder:\_\_\_\_\_

\_\_\_\_\_

Client Name if different than cardholder:\_\_\_\_\_

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(i.e., spouse or child, etc)