



## Financial Responsibility Agreement

**Lauren Mosback agrees to provide the client with outpatient services for a fee.**

**Payment Options:** *Lauren Mosback Counseling Services* accepts cash, personal checks\*, debit cards, credit cards, and HSA/FSA cards. Payment is due at the time of services. A receipt for services can be provided upon request.

**Lauren Mosback Counseling Services requires a client's credit card information to be placed in the client's protected file to be used for copayments and in the event of a late cancellation or a "no show". \*\***

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code # \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

\* There is a \$25 service charge for all returned checks.

\*\* The client will be charged the full session fee if they cancel or reschedule and fail to provide the therapist with at least 48 hrs. notice.

**I have read, understand and agree to the Financial Responsibility Agreement. I understand that I am responsible for any and all services and that payment is due at the time of the visit. My signature below indicates that I understand and agree to these terms.**

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_