



**Rachel Gracia Counseling, PLLC  
Rachel Gracia, M.A., LPC**

**Financial Information and Agreement**

**1. The fee for counseling is as follows: Intake, 60 minutes, \$100**

**Session, 45 minutes, \$100**

***POLICIES AND PAYMENT:***

**APPOINTMENTS:** your appointment time is reserved exclusively for you. Appointments cancelled with less than 24 hours' notice will be charged at the regular session rate.

I authorize the therapist to charge my card for my late cancellations or therapy services, should it become necessary:

CARD NUMBER: \_\_\_\_\_ - - - - - \_\_\_\_\_ - - - - - \_\_\_\_\_ - - - - - \_\_\_\_\_

EXPIRES: \_\_\_\_\_ / \_\_\_\_\_ sec code \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Payment for services is due at the time of service and is the responsibility of the client. Due to a wide variety of insurance policies, I cannot guarantee that, if you choose to file for reimbursement, your insurance company will pay. You are ultimately responsible for payment. If you fall behind on payment, I have the right to discontinue services until payment for prior services is received. You agree to have an updated valid credit or debit card on file through active care. **Initial here:**

RETURNED CHECKS will be charged a \$25 fee.

***I have read this page, received a copy, and agree to abide by the policies and procedures described.***

**DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Signature of Responsible Party (Financial Guarantor) if different: (a guarantor has the right to know if their payment is used for sessions or no shows/late cancellations):**

**Guarantor Signature:** \_\_\_\_\_