

Lakewood Counseling and Career Center

6607 18th Avenue South • Suite 101 • Richfield, MN 55423 • 612-798-7373 • Fax 612-243-3615

I understand that I am responsible to pay for services received each time that I attend a session at the clinic.

I further understand that cancelled appointments require at least 24 hour notice. In the case of a cancellation without 24 hour notice, a missed appointment or a late arrival, I may be charged for a full session. Insurance companies or public assistance funds will not pay for appointments that are cancelled or missed.

The agreed upon fee for clinical services is as follows effective January 1, 2007:

Hourly Sessions: \$140.00

Group Sessions: \$70.00

A finance charge of 1.5% may accrue on accounts 90 days past due. A \$20.00 service charge will be added for returned checks. The clinic reserves the right to use a collections or conciliation court on accounts 90 days past due.

I understand and agree to the above conditions:

Client/Parent/Guardian Signature

Date