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(513) 795-2562 www.mynewleaf.org

Authorizations and financial agreements with New Leaf Counseling & Coaching, LLC

Please read carefully and sign. The paragraphs below contain several agreements.

I (print name) _____, understand and agree that I am responsible for the client's fees to *New Leaf Counseling & Coaching, LLC*. If the account is not paid when due, reasonable collection and court costs will be paid by the undersigned. Interest at the rate of 1% per month will be charged on any balance outstanding after 30 days. I am responsible for a \$50 fee if appointments are cancelled without a 24-hour notice, and the full session fee if appointments are cancelled with less than 3 hours' notice. I also understand that all fees must be paid **BEFORE** any further services are rendered.

Client's signature

Date

INSURED CLIENT

I (print name) _____

- authorize the medical insurance company to pay *New Leaf Counseling & Coaching, LLC* directly for the services. I understand that I am responsible for all my fees, including any fees not paid by the insurance company.
- authorize *New Leaf Counseling & Coaching, LLC* to release my information to my insurance company and the referring physician (if applicable). If I choose to end this authorization, I have to do so in writing and **pay the self-pay client fees BEFORE any services are rendered.**

Client's signature

Date

SELF-PAY CLIENT

I (print name) _____

- agree to pay the following fees:
 - Initial assessment \$140.00
 - Individual session \$125.00
 - Couples session \$177.00
- understand that it is my responsibility to file and collect the reimbursement with my insurance company, but I understand that *New Leaf Counseling* will provide me with whatever documentation (invoices, proof of purchase, etc) necessary to do so.

Client's signature

Date