ALISON W. SORENSON, MS, LPC
390 SW Columbia Street, Suite 210 | Bend, OR 97702 | 541-610-9500
Alison@alisonsorensoncounseling.com | alisonsorensoncounseling.com

Payment Contract For Services

Client(s): _____

Bill to (Parent/Guardian): _____

Address: _____ City: _____ State: ____ Zip: _____

Fees for Professional Services

I (we) agree to pay Alison Sorenson, LPC for individuals, couples and/or family counseling services rendered by Alison Sorenson, LPC, at the following rates: Session rates range from $90 - $160 depending on the service provided (sessions are 50 or 80 minutes in length).

Fees for Other Services

1. Phone consultation beyond the minimum amount required for scheduling sessions will be charged at the rate of $180/hour.
2. All other professional services (including, but not limited to, mediation, documentation preparation, travel, consultation, attendance at meetings and/or letters on a client's behalf) will be billed at $200/hour.
3. Note: Alison Sorenson, LPC does not, by choice, participate in litigious events.
4. Mileage will be billed at $.565/mile
5. Fees for records requests will be charged per the existing fee structure authorized under ORS 192.521, with any document preparation time charged at the rate of $200/hour.

Cancellations/No-Shows/Lateness

If you cannot attend a session, please notify our office at least 24 hours in advance of the scheduled appointment time to avoid payment. Notification can be made by leaving a message at 541-610-9500. You will be charged at the full rate if you miss a scheduled appointment or cancel it less than 24 hours in advance. Exceptions may be made for emergencies or serious illness. Forgetting about the appointment, scheduling conflicts, having to stay at work, or minor aches and pains are not considered emergencies. Accidents and severe illness are considered emergencies. If you are going to be late, please call. Once 15 minutes has passed, I will consider the appointment a "no-show"; I may then leave the office, and you will be charged the full fee. Insurance will not pay this fee.

Payment Policy

PAYMENTS, CO-PAYMENTS, AND DEDUCTIBLE AMOUNTS ARE DUE AT THE TIME OF SERVICE. There is an interest charge on all accounts that are not paid within 60 days of the billing date and a $50 fee for returned checks. Credit card payment is available for a $3 transaction fee. Should your account become delinquent, it will be sent to a collections agency. If your account is sent to collections, you agree to be liable for 35% above and beyond your outstanding balance in order to cover the cost of the collection agency. Should legal proceedings become necessary, you will be responsible for all attorney fees and court costs.

I HEREBY CERTIFY that I have read, understand, and agree to the conditions explained above:

_____

Client(s), Parent/Guardian Name(s) Signature(s) Date

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Credit Card Payment Information

Client(s): _____

Bill to (Parent/Guardian): _____

Address: _____ City: _____ State: ____ Zip: _____

Credit Card Number: _____ - _____ - _____ - _____ Exp: _____/_____ CCV: _____

Email for Receipts: _____ @ _____._____

I HEREBY CERTIFY that I give Alison Sorenson, LPC, permission to charge my account for services per the informed consent, disclosure, and financial agreements:

_____

Client(s), Parent/Guardian Name(s) Signature(s) Date