

MARIAN SALLEY LCSW LLC
MARIAN SALLEY, MSW, LCSW, LAC, CGP, ACS
LCSW# 09923757
LAC# 0001041
CGP# 058884
ACS# 2823
EMDRIA Certified EMDR Therapist
2299 Pearl Street, Suite 402A
Boulder, CO 80302
marian@mariansalley.com
303.859.2611

Payment Agreement

My rate is dependent upon the clinical service provided and will be fully disclosed. All other services, including phone, email, and text exchanges for purposes other than scheduling outside of the therapy session are billed at the pro-rated rate of \$85 per quarter-hour. Payment is required at time of service unless other mutually agreeable arrangements have been made.

In most cases, 24-hour notice is required for cancellation without charge. In some instances, including group therapy, payment is required regardless of attendance and the cancellation policy does not apply.

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At your request, I will email you a statement detailing your charges and payments, which can also serve as a superbill for you to submit to your insurance should your policy allow for out-of-network reimbursement.

✪ I will initiate a conversation with you should I elect to adjust any part of this **Payment Agreement**.

By signing this Payment Agreement, I am stating that I have read the preceding information, agree to the terms herein, and am assuming responsibility for payment of services rendered on behalf of the following client:

Client's Printed Name

Client's Date of Birth

Responsible Party's Signature

Date

Responsible Party's Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

Payment Information

Name on Card: _____

CC Type & Number: _____

Expiration Date: _____ CCV: _____

Billing Address Zip Code: _____