St. Louis DBT, LLC

(Formerly Healing Insights, LLC)

Agreement to Pay for Professional Services

I request that the therapist named below provide professional services to me (or to _____, who is my _____) and I agree to pay this therapist's fee of $_____ per session for these services.

I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform him or her, in person or by certified mail, that I wish to end it. I agree to meet with this therapist at least once before stopping therapy. I agree to pay for services provided to me (or this client) up until the time I end the relationship.

I agree that I am responsible for the charges for services provided by this therapist to me (or this client), although other persons or insurance companies may make payments on my account.

I agree that the credit card listed on this form may be charged per session at the above agreed upon rate. I will be provided an itemized service receipt that may be kept for my records and/or submitted to my insurance company for out-of-network reimbursement.

I agree that the credit card listed on this form may be charged the above session rate for any session missed or cancelled with less than 24-hours notice. I understand that if I am using my insurance company's out-of-network benefits, charges for missed appointments will not be reimbursed.

_____ I authorize the therapist to send a monthly statement receipt, and I understand that it will be emailed to me at the following email address: _____

_____ I do not authorize the therapist to send a monthly statement receipt.

_____ _____ _____ _____

Number on credit card to be charged | Expiration Date | Sec Code | Card Type

_____

Full Billing Address

_____ _____

Signature of client (or person acting for client) | Date

_____

Printed name

I, the therapist, have discussed the issues above with the client (and/or the person acting for the client).

_____ _____

Signature of therapist | Date

Diagnosis (to be used for insurance reimbursement purposes) _____