

Payment Contract for Counseling Services

William F. Mecca, Sr., LCSW, LMFT, LADC
547 Evergreen Ave
Hamden, CT 06518
Tel. 203-281-7699

Name _____ Initial Appointment Date _____

Federal Truth in Lending Disclosure Statement for Professional Services

Part One: Fees

I (we) agree to pay William F. Mecca, Sr., LCSW, LMFT, LADC, hereafter referred to as the service provider, a rate of \$_____ per clinical unit (defined as 45-50 minutes for assessment, testing, and individual, family, and relationship counseling) The fee does not include report-writing time for the results of assessments for legal or school forums. ***The need to reschedule or cancel an appointment must be provided by 12 noon on the day of the appointment or a fee of \$125.00 (or the specified insurance contracted rate will be charged).***

Part Two: Miscellaneous

- There is an additional fee (not covered by insurance) for any written reports for legal matters or verification of treatment attendance.
- Payments, co-payments, and deductible amounts are due at the time of service. *There is a 2% per month (24: annual Percentage Rate) interest charge on all accounts that are not paid within 60 days of the billing date.*
- A third party billing service is used to process and submit claims to insurance including extensive follow-up on any unpaid claims. However, claims that go unpaid past 90 days become the responsibility of the client and an issue between the client and their insurance provider.

I HEREBY CERTIFY that I have read and agree to the conditions and have received a copy of the Federal Truth in Lending Disclosure Statement for Professional Service.

Signature of Person (s) Responsible for Payment

Date

Revised on 2/1/11