

Christie Castner, LMFT
Beaches Counseling & Therapy, LLC.
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Financial Responsibility Agreement

1. Payment for sessions is due at the time of each session (unless other arrangements have been made.)
2. Clients are required to give 24 hours notice for cancellations. If the appointment is not cancelled at least 24 hours in advance the full fee will be charged.
3. Clients are responsible for the full fee of no-shows.
4. An additional 10% fee will be charged for payments received two months after the billing date.
5. If a check is returned for insufficient funds (NSF) or other bank reasons, there will be a fee of \$30 dollars charged to your account.
6. I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.
7. Court and legal fees will be determined on a case-by-case basis, with payment due prior to court appearance.

I understand and agree that I am ultimately financially responsible for all fees described in the agreement.

Signature of Client (or guardian of minor)

Date

Printed name of client (or guardian of minor)