

### COUNSELLING PAYMENT AGREEMENT

This form will specify details relating to payment for services. We will go through this form together and you will be given a copy. If there is anything you do not understand, please let me know.

Between: Pardeep Atwal, MC, RCC, CCC  
BCACC Registration Number 12753  
C.P.P.A Registration Number 4046  
Unit #201 – 2469 Pauline Street,  
Abbotsford, BC, V2S 3S1  
778.552.6509 (cell)  
mindovermatterpsychotherapy.com

and **PAYER NAME/CONTACT INFORMATION:**

\_\_\_\_\_

**CLIENT NAME/CONTACT INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_

### SCHEDULING APPOINTMENTS:

Appointments are available during some weekdays, some weeknights and some weekends. I strive to provide a variety of times to meet different schedules. Appointments are available in office. Appointment times are 60 minutes. For family appointments, 90 minute appointments may be recommended. The 60 minute appointment time will include a few minutes for administrative work (receiving payment, booking next session). The frequency of appointments will be at the discretion of the client/payer. The counsellor may make recommendations for weekly, bi-weekly, monthly or bi-monthly appointments, this recommendation will likely change throughout the course of counselling.

### FEES (including taxes):

In office Individual counselling: 60 minutes \$120  
Couple's Counselling: 60 minutes \$125  
Group Counselling: 60 minutes \$50  
Document Fee: \$120 per hour

### PAYMENT:

Payment is accepted only via cash, credit, debit or cheque made payable to: Pardeep Atwal. Receipts will be provided.

- By signing below you are in agreement to pay in full the total amount for services, due at the time of the appointment, either at the beginning or end of the session, as per your personal preference. If you are eligible to receive reimbursement for all or part of services received, it is your responsibility to confirm the scope of this coverage prior to receiving services. If the reimbursement is not received, the payer will not be reimbursed for these services by the counsellor. **OR**
- By signing below you are consenting to the counsellor billing a pre-authorized and pre-arranged third party specified below for the total amount of services (as per a pre-existing arrangement to do so between the counsellor and the payer). It is the responsibility of the client to ensure that all criteria are met with the payer for the counsellor to receive payment and to advise the counsellor if this shall change for any reason:
  - Other: \_\_\_\_\_

If payment is not received, further services will be suspended until overdue balance is paid. In this case, appropriate referrals and transition planning will be made to ensure continuity of care for the client.

### CANCELLATIONS/MISSED APPOINTMENTS:

A minimum of 24 hour notice via phone is required to cancel or reschedule an appointment. Failing to provide 24 hour notice will result in full payment being due. If a third-party payer is covering your sessions, they will be billed for this session. This may result in cancellation of your contract with this payer. As such, please be aware of any third-party policies regarding missed appointments.

I have read and understand this form, and any questions I have were addressed.

\_\_\_\_\_  
**Client Name**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date Signed**

Pardeep Atwal  
**Counsellor Name**

\_\_\_\_\_  
**Counsellor Signature**

\_\_\_\_\_  
**Date Signed**