

Dr. Sandra Shachar's BILLING AND PAYMENTS POLICY

I require a credit card to be on file with this signed agreement for all clients. No exceptions. First INDIVIDUAL sessions are 55 minutes at \$225. First COUPLE sessions are 90 minutes at \$375. Followup sessions are \$185 for 45 minutes. First sessions will be charged to your card 24 hours in advance. A processing fee of \$8.00 is added to all credit card payments. Credit/HSA cards only are accepted for first visit. Returned checks are \$35.

By signing below, you agree that your credit card will be charged the full fee for missed or cancelled sessions without notice of a FULL 24 HOURS. There is no additional fee for rescheduling if I have an open time the same week. Clients with true emergencies that require cancellation and cannot do phone or Skype will receive a one-time exception (e.g., severe illness, death in family, flight cancellation, etc.) FaceTime and Skype are options.

INITIAL YOUR UNDERSTANDING HERE: _____.

Credit Card Number: _____ - _____ - _____ - _____

Name as it appears on card: _____

Date of expiration: _____ Security Code : _____

Billing zip code for this card (REQUIRED): _____

FINANCIAL HARDSHIP

In circumstances of financial hardship (e.g. loss of job, medical crisis), I will negotiate a fee adjustment rather than discontinue needed treatment for established clients. INITIAL YOUR UNDERSTANDING HERE: _____.

YOUR EMAIL ADDRESS IF YOU PREFER ELECTRONIC CHARGE RECEIPTS:

I, (print) _____, understand and agree to all of the above terms.

Sign: _____ Date: _____