

PAYMENT AGREEMENT

Dr. Steve G. Conway Counselling & Psychotherapy

STEVE G. CONWAY, Psy.D, RCC

Registered Clinical Counsellor (Reg. 2313)

OFFICE PHONE: 604-349-0604

Email: info@drsteveconway.com

MAILING ADDRESS: 999 W. Broadway Suite 700 Vancouver, BC, V5Z 1K5

1. I understand that I can contact the counsellor to make, change or cancel an appointment by phoning 604-349-0604 at any time, 24 hours a day. **If you are in an emergency situation please call 911.**

Fees

2(1) I understand that the counsellor will charge me **\$150.00 per 50 MINUTE & \$90.00 per 30 minute** session for psychotherapy / counselling and related services, including GST. All first sessions are 50 minutes in length.

(2) The writing of reports and letters is charged on a per hour basis.

(3) **Payment is to be made at the beginning of the session. Please have your payment ready prior to the beginning of the session in order to save time.** You will be provided with a receipt.

(4) Payment can be made in cash or personal cheque.

(5) As evidenced by my signature below, I agree to pay the counsellor this fee on the terms and conditions set out in this agreement.

(6) I understand and agree that the term "fee" used in the rest of this agreement means the fee, disbursement, taxes, or interest charges that may apply, including a cancellation fee.

Missed appointments

3. (1) I understand that I am responsible for notifying the counsellor at the contact number / email address above at least 48 hours in advance of a scheduled appointment if I will miss that appointment.

(2) As evidenced by my signature below, I agree that if I do not give at least 48 hours advance notice to the counsellor, I will pay the counsellor a cancellation fee equal to the amount I would normally have been charged for attending that appointment.

Late arrivals

4. I understand that if I am late arriving at the counsellor's office and therefore attend only a part of a scheduled appointment, that I am nonetheless responsible to pay the counsellor the full fee that would be charged for the total time of that appointment.

Receipts

5. (1) I understand that after I pay for the counselling services provided me, the counsellor will issue me a receipt acknowledging payment.

(2) I further understand that if a third party is paying the counsellor for the services that I am receiving, the counsellor may issue a receipt to that party instead of me.

Health plan reimbursements

6. (1) I understand and agree that I am solely responsible for confirming the scope of coverage of, and for seeking reimbursement for the cost of counselling services from, any insurance, pension, benefit or similar plan of which I am a beneficiary or have an insured interest.

(2) I further understand that should my health plan not reimburse me for the full cost of the counselling services that I have paid to the counsellor, I remain responsible for those additional costs and the counsellor will not refund me the difference.

Payment by third parties

7. (1) If a third party is paying the counsellor for the services provided me by the counsellor, I agree to facilitate that direct payment to the counsellor. (2) I further understand that should the third party not pay the full cost of the psychotherapy and counselling services that have been provided by the counsellor, I will be responsible for those additional costs.

Unpaid fees

8. (1) I agree to pay the counsellor the fee for each session at the beginning of the session.

(2) The cost of processing an NSF cheque is \$25.

(3) I further understand that if the counsellor does not receive such prompt payment, the counsellor may initiate legal proceedings against me for the amount of the unpaid fee plus any interest charges noted on the statement and do so without further notice to me. If the

unpaid bill is referred to a collection agency or pursued in Small Claims Court, the counsellor shall not charge me an additional collection fee.

Concerns

I understand that if I am not satisfied that the counsellor has addressed a concern I may have about our financial arrangements; I may contact the Registrar at the BC Association of Clinical Counsellors at 1-800-909-6303.

Signature

I have read and understand this payment agreement, and as evidence by my signature, I agree to pay the counsellor according to the above terms and conditions.

_____ Name of Client

_____ Signature of Client

_____ Date signed

Dr. Steve G. Conway, RCC _____ Name of Counsellor

_____ Signature of Counsellor

_____ Date signed