



Payment Agreement

Allison Bates – Registered Clinical Counsellor (Reg. #2349)

West Coast Counselling
c/o Total Therapy
4162 Dawson Street,
Burnaby BC, V3E 3J7

Telephone: 604-762-5358 **E-mail:** info@wccounselling.com

I understand that I can contact Allison Bates, MA, RCC to make, change or cancel an appointment, or in case of an emergency by phoning 604-762-5358 at any time, 24 hours a day.

Fees

(i) I understand that Allison Bates, MA, RCC will charge me [\$90 (for individuals) or \$110 (for couples) per 1 hour session] for clinical counselling and related services, plus GST.

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

(iii) 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

(i) I understand that I am responsible for notifying the Allison Bates, MA, RCC at the contact number above at least [24 hours] in advance of a scheduled appointment if I will miss that appointment.

(ii) As evidenced by my signature below, I agree that if I do not give at least [24 hours] advance notice to the counsellor, I will pay her a cancellation fee equal to half the amount I would normally have been charged for attending that appointment.

Late arrivals

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

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

Health plan reimbursements

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

(ii) I further understand that should my health plan not reimburse me for the full cost of the clinical 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

(i) If a third party is paying the counsellor for the clinical services provided me by the counsellor, I agree to facilitate that direct payment to the counsellor.

(ii) I further understand that should the third party not pay the full cost of the clinical counselling services that have been provided by the counsellor, I will be responsible for those additional costs.

Unpaid fees

(i) I agree to pay the counsellor the fee for each session immediately following that session OR I agree to pay the counsellor for the counselling services received within 30 days of receipt of a monthly statement.

(ii) 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.

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 B.C. 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 Allison Bates, MA, RCC according to the above terms and conditions.

Name of Client

Name of Counsellor

Signature of Client

Signature of Counsellor

Date signed