

Hollis J. Nemiroff, Ed.S., L.P.C.
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Agreement to Pay for Professional Services

I request that Hollis Nemiroff provide counseling services to me and I agree to pay the fee of \$125 per session at the time of the session, or a fee of \$50 for late cancellation (less than 24-hour notice) or no-show session.

I understand and agree that I am responsible for the charges for services provided by this counselor, although other parties may reimburse me for payments made.

I agree to pay for services provided until we end the counseling relationship.

I have read the Informed Consent and I understand it and agree to its terms.

I have provided my credit card information (below) and I authorize per session charges with this signature on file for missed sessions at the rate of \$50 per late cancel or no-show session. If my credit card expires during the course of treatment, I will update information for this agreement. If my credit card is rejected, I will be responsible for the charge and any additional penalties incurred as a result of the rejected credit card.

Signature

Date

Credit card (type and number):

Name on card:

Expiration date:

CVV code: