



Gage Counseling & Consulting, LLC

Jessica Gage, MA, LPC, NCC (License #PC07550)

801 Union Avenue, 4th Floor, Pittsburgh, PA 15212

P: 724-207-3767 | F: 412-586-2119

jessicamgage@gmail.com

Financial Agreement

Client Name: _____ DOB: _____

If you pay for counseling using your insurance plan, the charge per session is determined by your insurance company. If you are uncertain about your deductibles, copayments, or other insurance issues, you are responsible for contacting the company directly.

If you pay for counseling without using insurance, the charge per session is \$90. You may qualify for a reduced rate based on your proof of income.

By agreeing to pay with scholarship assistance from a church benevolence fund, you are agreeing that, for scholarship accountability, Jessica Gage may release information to any necessary contact person at the paying institution for the purpose of documenting scholarship use.

Please initial next to each statement and sign at the bottom of this page.

___ I have talked with Jessica about my responsibility of \$___ each session.

___ I am personally responsible for paying the fee in full at the time of each session.

___ I understand that 24 hours notice (by calling Jessica at 724-207-3767) is required for all cancellations. If less than 24 hours notice is given, I will be responsible to pay the late cancellation fee. This fee is equal to half of the **total** session fee (max \$45) and cannot be billed to my insurance company or scholarship account.

Client Signature

Date