

Catherine DeLoach Lewis, MA, LCMHC
Christian Therapy Services
4913 Chastain Avenue, Suite 8, Charlotte, NC 28217
[704.370.0334/cathy@christiantherapyservices.com](mailto:cathy@christiantherapyservices.com)

PAYMENT AGREEMENT FORM
for THERAPY SERVICES

I agree to pay the fee of \$230.00 for 75-90 minute Initial Therapy Session, \$150.00 for 50-60-minute individual therapy sessions, and \$230.00 for 60-90-minute individual therapy sessions and other applicable and communicated fees for services rendered.

I understand and agree that I am responsible to pay the charges for services provided by Catherine DeLoach Lewis, MA, LCMHC dba Christian Therapy Services even though my Out-of-Network Mental Health Insurance Benefits may reimburse me for these services.

I agree to pay for services provided to me until our therapeutic relationship has ended.

I agree to pay for these services with a credit/debit/HSA card in good standing and understand that the Payment App my therapist uses is HIPPA compliant (i.e. IvyPay).

I understand that once I enter my payment card information, the Payment App will save my payment card number. Catherine DeLoach Lewis, MA, LCMHC will not have access to my payment card information but will be able to automatically charge for services she's rendered.

I understand my card will be charged if I do not show for a scheduled and confirmed session and/or not giving a 24-hour notice to cancel this appointment. (Please see Informed Consent and Office Information Form for fees)

I have read and understand the Informed Consent and Office Information Form and the Professional Disclosure Statement and agree to respect these guidelines as indicated below with my signature.

Name of client (please print): _____

Signature of client _____ **Date** _____

FOR OFFICE USE

I, Catherine DeLoach Lewis, MA, LCMHC agree to process credit/debit/HSA cards using HIPPA compliant payment apps such as IvyPay. My client will enter her payment card information and once saved, the payment app will automatically charge this card for future therapy sessions. I agree to never keep payment card numbers in my client's file but will use HIPPA compliant payment apps to protect my client's payment card number.

Therapist's signature _____ Date _____

Original placed in client's file.

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5.16.2023