

MATTHEW L. MAGRUDER, LPC

PAYMENT AGREEMENT

Please refer to my Informed Consent Agreement for information regarding my fees and services.

For payment I accept cash, checks, and the following forms of electronic payment:

Visa, MasterCard, Discover, and American Express and E-Checks.

\$140 per 50-minute session and \$175 per 75-minute sessions

Please check your preferred form of payment:

Cash or Check: _____ Credit/Debit Card: _____

If you choose electronic payment, all session fees, including fees for missed sessions, will be charged to the account designated on this form. This form will be securely stored in your encrypted, HIPAA approved online file and may be updated upon request at any time.

For electronic forms of payment, please initial one choice below, and provide account information below

_____ Charge my account for each session individually.

_____ Charge my account monthly, at the first session of each month.

MATTHEW L. MAGRUDER, LPC

For Credit/Debit Card billing, please provide the following account information:

Name on Card: _____

Billing Address:

Address: _____

City: _____ State: _____ ZIP: _____

Card Type (Visa, MasterCard, or Discover): _____

Card#: _____

Expiration Date: _____ Credit Card Security Code: _____

(Security code is the 3-digit number on the back of the card after the card number.)

If you chose Credit/Debit Card billing, please initial below:

_____ I authorize Matthew Magruder, LPC to bill my sessions to the above-listed account. I understand that auto-billing will begin when I return this form to Matthew Magruder, LPC, and that I may update this form at any time upon request.

The information I have provided above is accurate and current to the best of my knowledge.

Signature of Client

Date