2700 South Roan Street, Suite 435 Johnson City, TN 37601 P: 423.408.8041
support@journeycentercounseling.com

The Journey Center for Healing Arts

# Private Pay Fee Agreement

I understand, acknowledge and agree that until such time as I may otherwise advise JCHA in writing, I elect to pay for all services I receive from JCHA at their out of pocket rate of:

a. Intake $_____.
b. Individual Therapy (60 min) $_____.
c. Couples or Family Therapy (60 min) $_____.
d. Session Extensions (per 15 min) $_____.

The Journey Center for Healing Arts, PLLC (JCHA) may be a participating provider with my insurance company that I am covered by. I do not wish JCHA to submit a claim to my insurance company for services provided to me by JCHA. By election to self-pay for services, any payments I make to JCHA will not be credited toward satisfying any deductible I may be subject to under my health insurance plan unless otherwise permitted under the terms of my health plan.

I have freely chosen to self-pay for services after having asked JCHA about payment options and having carefully considered those options.

*I have read, I understand, and agree to the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.*

_____

Printed Name of Client Signature of Client Date

_____

Printed Name of Legal Guardian Signature of Legal Guardian Date

Relationship to client: _____

**Client:** **Date of Birth:**