Karla Austin, Ph.D.

Licensed Psychologist
1425 West Pioneer, Suite 153
Irving, Texas 75061
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Agreement to Pay for Professional Services

I, the client (or person acting for the client), request that Karla Austin, Ph.D., Licensed Psychologist, provide professional services to me or to ____, who is my _______________________, and I agree to pay the fee of $__________ per session for these services.

I agree that this financial relationship with Dr. Austin will continue as long as Dr. Austin provides services or until I inform her in person or by certified mail that I wish to end it. I agree to meet with Dr. Austin at least once before stopping therapy. I agree to pay for services provided to me (or this client) up until the time I end the counseling relationship.

I agree that I am responsible for the charges for services provided by Dr. Austin to me (or this client), although other persons or insurance companies may make payments on my (or this client's) account. If insurance does not fully cover the expected fee, I understand that I am responsible for paying the remaining balance.

Financial Information

Do you have health insurance? ___________ Do you wish to use it for counseling? ____________

Insurance Company: ____________________________ ID # ________________________________

Group# ____________________________ Provider Phone # _________________________________

Provider phone # _____________________ Policy Holder's Name & Date of Birth: ______________________

Do you have a secondary insurance? ____________________ Client's birthdate: ___________

____ ____________________________

Signature of client (or person acting for client) **Date**

____

Printed name

I, Karla Austin,Ph.D., have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

____ ____________________________

Karla Austin, Ph.D., Licensed Psychologist Date

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