



ClearSky Counseling, LLC
 Robert W. Garber, LCSW
Licensed Clinical Social Worker

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PAYMENT CONTRACT FOR SERVICES

This form is intended to clarify the payment policies for services contracted with Robert Garber, LCSW, and ClearSky Counseling. You or the person responsible for payment is required to sign this form before any services are provided. Your insurance policy, if any, is a contract between you and the insurance company. I am not part of the contract between you and your insurance company, and you are responsible for knowing what your insurance covers. As a service to you, I am willing to assist with insurance issues and questions. I will also provide a statement once per month with the billing information needed for you to file with your insurance company. However, I cannot guarantee your benefits or the amounts covered, and I am not responsible for the collection of such payments. In some cases, insurance companies or other third-party payers may not consider certain services to be reasonable or necessary, may determine different standard and customary rates, or may determine that services are not covered at all.

You are responsible for filing reimbursements with your insurance company. You or the person responsible for payment will pay the entire balance to me at each session/time of service. The parent or guardian accompanying a minor is responsible for payments for the minor at the time of service. Cancellations with less than 24 hours' notice or missed appointments will be billed for the full session fee as scheduled. Please note that insurance companies do not reimburse for cancelled or missed appointments, so you or the person responsible for payment will be required to pay. Payment methods include credit card, cash, or check. For more information on Billing & Fees or on Health Insurance, please review the AGREEMENT AND INFORMED CONSENT FOR TREATMENT.

If you have any questions regarding this form, please be sure to ask me.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OF THIS FORM.

Client Name(s) – print	Signature	Date
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Person Responsible for Payment (If other than the client) – print	Signature	Date
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