

ACCEPTANCE OF RESPONSIBILITY FOR PAYMENT

I, _____, understand and agree to pay Dr. Poonam Sharma the amount of \$175.00 at the conclusion of the initial consultation and \$125.00 for each 45-minute psychotherapy session.

I understand that I am responsible for payment for consultations not cancelled 24 hours in advance. Payment for services is rendered at the conclusion of the consultation unless other arrangements have been made.

(Please check if applicable.)

- I do NOT have insurance and will be paying privately for services.
- Although I have insurance, I choose NOT to file my any claims with my insurance carrier and would rather pay for services privately.
- I understand that Dr. Sharma is not on my insurance network and will submit my own claims after rendering payment to her.

Client's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

I will be happy to discuss my fees, schedule of payments,
or any other questions related to billing or insurance.
Please do not hesitate to ask.