

**Amy R. Paul LPC PC**  
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## Payment Agreement

Payment in full is due at the time of the session. If using insurance, it is my responsibility to know my insurance coverage and benefit details. I understand that if my insurance company denies payment for a service already provided, I am responsible for payment of that service at the private pay rate of \$162.00 for an initial evaluation session, \$135.00 for an individual session and \$150.00 for a session with more than one participant.

Cancelling an appointment with less than 24 hours' notice or not showing up will incur a \$75 fee. If more than two appointments are missed, I understand that I may not be able to reschedule an appointment.

If using health insurance, my signature authorizes Amy R. Paul LPC PC to submit billing for claim payment. My signature will be kept on file and will assist in timely reimbursement from my insurance company. I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), diagnosis (es), cost(s), date(s), and provider of any services or treatments I receive.

I understand that if payment for the services I receive is not made, my treatment may be stopped. If a balance on my account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I understand that I will be held responsible for late, collection and/or legal fees used to secure payment.

\*By typing your name below, you acknowledge and agree this serves as your electronic signature.

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Client Signature (14 and older)

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Printed Name

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Date

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Parent or Legal Guardian

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Printed Name

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Relationship

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Date

(For all clients under 18; co-signature required for clients 14-17)

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Parent or Legal Guardian

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Printed Name

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Relationship

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Date

(For all clients under 18; co-signature required for clients 14-17)

As of 3-19-2025