950 East Maple Road; Suite L2
Birmingham, MI 48009   CompPsychotherapy.com

_____

_____

_____   _____   _____

Patient Name   Date of Birth   School/Grade or Occupation

_____   _____   _____

Guarantor   Social Security Number   Date of Birth

_____

Credit Card/HSA/HFA   Expiration Date   Security Code

_____   _____

Address of Guarantor   Address of Patient

_____

Household Members and Ages

_____

Presenting Problems (Use back of page, if needed.)

_____

Previous Therapy, Hospitalization, Medical Treatment (Use back of page, if needed.)

_____

Current Prescription and OTC Treatment & Prescribing Professional

_____

Signature & Date

Comprehensive Psychotherapy & Family Services, PLLC
Stephanie Sachs, LLPC Psychotherapist
EIN 81-1385183

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_____
_____

Payment Agreement

      First, I thank you for your trust and business; it is my hope and confidence that it will reward you deeply. Payment is hoped for, and expected, at the time of service. Cash, check, V, MC, Discover, AmEx, and HSA/HFA (your pre-tax medical savings) are accepted. If you do choose to utilize your credit card, please note that the interest charged against those payments will be added back into your balance. That rate is currently 2.75% + $0.15 for a swiped card, and 3.5% + $0.15 for a card number manually entered (for example, distance payment).

      Current existing balances are agreed to be paid according to the following arrangement:

_____
_____

( ) Plus payment for ongoing sessions, in full, at the time of service.

( ) According to the agreed upon basis of:
_____ per Individual/Conjoint, private _____Group.

      Balances not kept according to the agreed upon terms will incur a 10% charge for each month not kept to those terms. Low-interest medical loans starting at 5.95% with potentially same-day approval can be found online. This may be an option of interest to you, particularly for urgent matters which require more intensive treatment, such as multiple hours and multiple persons per week.

Please sign below, indicating your agreement to these terms.

_____
Name and Date

_____
Name and Date and Social Security Number of Co-Guarantor