BAYSIDE COUNSELING, LLC
ELIZABETH A. FEISTHAMEL, LICSW

TREATMENT AGREEMENT

Treatment Plan:

I give Bayside Counseling, LLC, permission to develop a treatment plan and provide treatment with my participation.

Responsibility for Payment:

I acknowledge and understand the following terms and conditions for collection of payment for services:

- I authorize Bayside Counseling, LLC, to bill and receive payment from third party payors, if any, for coordination of benefits. I understand that I am fully responsible for obtaining the proper authorization prior to my first appointment.
- If I am covered by a third party payor and have no other health care coverage, I agree to pay all co-payments as required by the health plan.
- I further authorize any third party to pay Bayside Counseling, LLC for services provided to me. If these services are not paid by the third party payor within 60 days, I agree to make payment myself.
- I agree to notify Bayside Counseling, LLC if there has been a change in my health coverage. I agree to be financially responsible for all visits not covered.
- All charges are due at the time of service and must be paid in full.
- I agree to notify Bayside Counseling, LLC twenty-four (24) hours prior to my scheduled appointment in the event I must cancel for any reason. Appointments cancelled in less than twenty-four hours will be considered a missed appointment. I understand I will be charged a $25.00 fee for the first missed appointment, $50.00 for the second and full price for the third missed appointment.

After Hours Emergency:

I understand that Bayside Counseling, LLC has 24 hours a day and 7 days a week emergency coverage. In the event of an emergency after the normal business hours of 9:00am to 5:00pm, I will use the following number to contact my therapist: (401)263-3003. A nonemergency call should only be made during regular business hours (9:00am to 5:00pm). My therapist will return nonemergency calls in a timely manner.

_____ _____

Signature of Patient Date

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Signature of Parent/Guardian if Patient is under 18 years old.

Address: 110 Main Street, Suite 202, East Greenwich, Rhode Island 02818