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LAURIE TRACE, REGISTERED PSYCHOLOGIST #4831

316 - 5th Street South. Lethbridge AB, T1J 2B5. \* 403-331-1925 \* lhamer@telus.net

# PAYMENT AGREEMENT

Payment for service is required prior to each appointment. Cash, credit card, and e-transfer are accepted. Receipts will be promptly issued upon request. Exemptions should be discussed in advance with your therapist.

**Cancellations or rescheduling require 24 hours advanced notification, to avoid charges for the full session rate. Insurers cannot be billed in the event of a client's failure to attend a scheduled appointment.**

Statements are based on the standard of a 50 minute session plus 10 minutes administration time. Longer sessions are available at your request. Please speak with your therapist if you have any questions with respect to billing policies.

I agree to issue payment in accordance with the instructions detailed above.

Clients may opt to pay by electronic transfer or through Quickbooks Online. The following credit card will be kept on file and may be charged for the uncovered portion of session fees and charges associated with missed sessions.

Credit Card # \_\_\_\_\_

Expiry \_\_\_\_\_ CW \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Laurie Trace, R. Psych. To direct bill on my behalf for psychology services.

Insurer \_\_\_\_\_ DOB: \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

