

AFFILIATED THERAPISTS, INC.

David Donaldson, Ph.D.

Clinical Psychologist

24000 US HWY 40 – Golden, CO 80401

303.643.8633

Fax: 303.526.1669

PAYMENT CONTRACT

FEEES: My fee for service is \$150 per 55 minutes. Longer or shorter sessions are prorated at \$2.75 per minute. You are charged for time spent on your case including written reports, approved consulting with other professionals and consultation with you by phone. You are not charged for the first ten minutes of a phone consultation. Longer consultations will be charged at the \$2.75 rate per minute.

CANCELLATIONS: If you are unable to keep an appointment, notify me as soon as possible via my answering service. Missed appointments will be charged unless you notify me 24 hours in advance.

INSURANCE: If you have insurance, I ask you to pay in full at the time of the session. My bookkeeper will submit the claim for you and any payments from the insurance company will be repaid to you or, if you wish, applied to future bills.

I, _____ have read the above and agree to abide by the stipulations of this contract.

Signed: _____

Date _____

Witness: _____

Date _____