

Out of Pocket Payment Agreement

Samantha Foster, LMHC
499 Glen Street
Glens Falls, NY 12801
(P) 518-798-9187 (F) 518-223-0567

I,

Parent of (if applicable),

understand that due to the above provider being out of network for my insurance, I am responsible to pay a session fee of \$60 for an hour session and \$30 for a half hour session. I further understand that payment is due at the time of service, unless discussed with provider. Please note that payment is accepted by cash or check, however, if writing a check, please make it out to Samantha Foster. Thank you.

Signatures: