



## WHITE OAK Counseling and Recovery

4695 N M37 Hwy, Suite A, Middleville, MI 49333

phone: 269-205-2402 ♦ fax: 269-205-2728

e-mail: info@wocounseling-recovery.com ♦ website: wocounseling-recovery.com

### Consent for Self-Pay Fee Sessions

Client's Name: \_\_\_\_\_

Initial Date of Service: \_\_\_\_\_ and all future appointments

Self-Pay Session Fee Rate: \$ \_\_\_\_\_ per hour

I consent to pay the self-pay session fee rate for services rendered. I understand that these self-pay sessions are my responsibility and will not be billed to nor are the responsibility of my medical insurance company.

\_\_\_\_\_ I understand that I am responsible to pay for counseling on the same day as the  
Initial counseling session is given. If payment is not received within 30 days, White Oak  
Counseling will bill my credit card on file, or if no credit card is on file, my account will  
be turned over to collections and the session rate will be increased to \$170.00.

\_\_\_\_\_ Date: \_\_\_\_\_  
Client/Parent/Guardian Signature