



### THIRD PARTY PAYOR AGREEMENT

I, \_\_\_\_\_, have made arrangements with  
(name of individual agreeing to pay for the services)

\_\_\_\_\_ to assist with payments for therapy services.  
(name of client)

This is an agreement reflecting the arrangement between myself and the client. It is NOT an agreement between myself and Parent Arizona and Counseling Services, LLC. I realize that the client is ultimately responsible for payment for services. I also realize that payment for services does not imply disclosure of confidential information, and that the client must sign a confidentiality release form so that the therapist can speak openly with me about the therapy. The therapists at Parent Arizona and Counseling Services, LLC. want to speak with me about the client, but are bound by law to have a release from the client before such communication.

#### **We have agreed upon the following arrangement:**

|   |                  |                       |
|---|------------------|-----------------------|
| Session 50 minutes (In-office) = \$90 .....         | Client: \$ _____ | Third Party: \$ _____ |
| Session 80 minutes (In-home) = \$120.....           | Client: \$ _____ | Third Party: \$ _____ |
| 10-Session in office therapy package* = \$800.....  | Client: \$ _____ | Third Party: \$ _____ |
| 10-Session in office therapy package* = \$1100..... | Client: \$ _____ | Third Party: \$ _____ |
| Missed appointment** = \$50.....                    | Client: \$ _____ | Third Party: \$ _____ |

\*Purchasing a 10-hour therapy package lowers the cost per session by \$10.

\*\*Missed appointment is when a client does not show up for an appointment or when a client does not call to reschedule the appointment with at least 24 hours notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send invoices to the following mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Clients will be unable to continue to receive therapy services when invoices are unpaid beyond 30 days.

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