

Well Within Counseling, LLC

*Dr. Kristina Welker
Licensed Professional Counselor
12020 S. Warner/Elliott Loop, #104*
Phoenix, Arizona 85044
(P) 480-893-6767*

Patient Name: _____

In order for you to be treated by Dr. Kristina Welker, you must complete this form.

PAYMENT POLICY

I understand that I am personally responsible for all fees related to services provided to me by Dr. Kristina Welker. I understand that my payments are due at the time of the service. I understand that the fee policy is described below, but this is subject to change. (If so, I will be given at least a 30 day notice).

FEES FOR SERVICE:

Psychotherapy/Consultation	\$110 for a 60 minute session.
Psychological Test	\$175 per test
Returned checks	\$40 will be charged as a service fee for any returned checks.
Cancellations	Full Fee will be charged for sessions if cancellations are less than a 24 hour notice .
Emergency phone calls	\$150 per hour or prorated accordingly
Reports	\$50 per report

I authorize Dr. Kristina Welker to charge my credit card for any fees owed, including those missed. These fees would include any appointments that I have failed to keep and have not cancelled or rescheduled 24 hours prior to the appointment time. Please charge any past due amount to my credit card below. (Check card type. Debit cards cannot be used.)

Credit Card # _____

() Visa () Mastercard

Expiration Date: __/__/____

Printed Name _____

Authorized Signature _____