

James M. Mours, L.L.C.

Appointment & Financial Policy Agreement

Dr. Mours is committed to working with you to obtain the help you desire. He believes a clear description of how to obtain and pay for our services is essential to a mutually beneficial relationship.

Appointments

- All services are provided by appointment. For an appointment please contact us through our website at www.drjamesmours.com or call us at (503) 941-0245.
- Therapy is most often scheduled for on-going weekly sessions. If you agree with your therapist for a weekly time slot, this will be scheduled for you exclusively, until the completion of your treatment goals.
- A 24 hour advanced notice **MUST** be given for cancelation of appointments. If you do not show up for your appointment as scheduled or you cancel with less than 24 hour notice, you will be charged **\$100** for the time reserved for you. Payment of this fee will be expected **on or before your next session**.
- If you need to make, change, or cancel an appointment, please call our office. Be sure to leave a message if needed, as providers do not answer their phones while in sessions with clients.
- If you do not schedule an appointment for 60 days, and no arrangement has been made in writing to continue services beyond that period, we will assume it is your desire to terminate the therapeutic relationship.

Payment for services

- It is customary to pay for professional services when rendered. Payment of fees should be made at the beginning of the scheduled appointment. Consistent payment must be made or services may be discontinued.
- Dr. Mours charges \$150 per therapy session. Therapy sessions are 50 minutes in length.
- Dr. Mours accepts checks, money orders and major credit cards (Visa & MasterCard). Dr. Mours also accepts commercial insurance (see your insurance provider for details of in-network vs out-of-network benefits).
- If you would like a monthly statement of payments for your records, we will provide this for you. We will also keep your credit card information on file, for convenience if you wish. A credit card on file will be required after a “no show” to a scheduled appointment.
- Checks can be made payable to: James M. Mours, LLC or Dr. Mours.
- There will be a \$15 service charge for NSF/Returned checks

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Agreement for payment of professional services

I request that Dr. James Mours provide professional services to me and I agree to discuss payment for services prior to my first therapy session with Dr. Mours. Payment for services must be agreed upon prior to your first therapy session (either Commercial Insurance, Employee Assistance Program-EAP through your employer, or a cash pay rate) otherwise the standard rate of \$ 150 per session will apply.

I agree that this financial relationship will continue as long as Dr. Mours provides services to me or until I inform him, in person or by certified mail, that I wish to end it.

I agree that I am responsible for the charges for services provided by Dr. Mours to me, and agree to pay for services provided to me up until the time I end the relationship, although other persons or insurance companies may make payments on my account.

Signature of client (or person acting for client)

Date

Printed name

Copy given to the client/parent/personal representative