

# The Christian Counseling Center of First Presbyterian Church

## Fee Agreement for Second/Third Party Billing

*Please fill out the information below. This document will be kept in the clinical file of the client and can be updated at any time. If listing a spouse with a different individual therapist, a separate agreement form will be required.*

### Client Information

Client: \_\_\_\_\_

Client's Spouse (If applicable): \_\_\_\_\_

Therapist: \_\_\_\_\_

### Payer Information

Your Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

*If a pastor, please list your church.*

Address (for Invoice):

Attn: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Payment Breakdown

Bill Payer \$ \_\_\_\_\_ per Session for \_\_\_\_\_ sessions.

Bill Client \$ \_\_\_\_\_ per Session for \_\_\_\_\_ sessions.

---

### **For Office Use Only**

Invoice Mailed on : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Invoice Mailed on : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Invoice Mailed on : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Invoice Mailed on : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Payment Received : \_\_\_\_\_

Payment Received : \_\_\_\_\_

Payment Received : \_\_\_\_\_

Payment Received : \_\_\_\_\_