ROBERT NORGAARD, LMFT

MFC 42553
Licensed Marriage and Family Therapy
415-419-2404
Psychotherapy and EMDR

PRIVATE PAY CONTRACT

This psychotherapy agreement between you and I, Robert Norgaard, LMFT, is to clarify that you, patient, will be paying "out of pocket" for psychotherapy OR other services as mentioned below.

There may be several reasons you are paying out of pocket for my services such as: A) I do not take your insurance plan, B) I take your insurance but the services are not covered. Examples of uncovered services could include: EMDR sessions over 50 minutes, 2 sessions in the same week, Life Coaching, Mediation services, and Consultation services. C) You are electing to forfeit your insurance benefits for other reasons and plan to pay out of pocket.

As a Private Pay client, you understand that you will pay "out of pocket" for my services at the agreed upon rate. My rate for all services change every year-please inquire about that.

As a client, by signing below you understand that you cannot bill your insurance company for agreed upon services as mentioned above and expect reimbursement. Please consult your benefit plan in the event that you have Out of Network benefits and might be eligible for reimbursement. In the case you do have Out of Network benefits, I am happy to provide you with a monthly summary of our services.

Additionally, should you for some reason find out after we have already begun services that you do in fact have insurance and, I happen to be a network provider for said insurance, you are still responsible for any work we have completed to date and you cannot be retroactively reimbursed by your insurance company per their rules and regulations.

The 24 cancellation policy applies. If you miss a session without cancelling 24 hours before the start of the session, you will be responsible for the session fee.

By signing below, you understand this Private Pay contract and agree to abide by these policies and the policies as presented in my office Consent for Services form.

PLEASE PRINT NAME:

CLEARLY, SIGN NAME:

DATE: