



WHITE OAK Counseling and Recovery

4695 N M37 Hwy, Suite A, Middleville, MI 49333

phone: 269-205-2402 ♦ fax: 269-205-2728

e-mail: info@wocounseling-recovery.com ♦ website: wocounseling-recovery.com

Consent for Self-Pay Fee Sessions

Client's Name: _____

Initial Date of Service: _____ and all future appointments

Self-Pay Session Fee Rate: \$ _____ per hour

I consent to pay the self-pay session fee rate for services rendered. I understand that these self-pay sessions are my responsibility and will not be billed to nor are the responsibility of my medical insurance company.

_____ I understand that I am responsible to pay for counseling on the same day as the
Initial counseling session is given. If payment is not received within 30 days, White Oak
Counseling will bill my credit card on file, or if no credit card is on file, my account will
be turned over to collections and the session rate will be increased to \$170.00.

_____ Date: _____
Client/Parent/Guardian Signature