

Moose Jaw Family Services Inc.

200 Main St S Moose Jaw, Saskatchewan S6H 5S7 (306) 694-8135

E-TRANSFER PAYMENT: payments.mj.fsb@sasktel.net

Counselling Payment Agreement

COUNSELLING PAYMENT AGREEMENT

This form will specify details relating to payment for services. If there are any questions, or if there is something that you do not understand, feel free to contact your counsellor.

SCHEDULING APPOINTMENTS

Appointments are available during weekdays between 9 and 4:30 (last appointment scheduled). Appointments are available in the office (200 Main Street South), on the phone, or by video call. Appointments last 60 minutes, some of this time is administrative work (receiving payment, scheduling next session). The frequency of the appointments will be at the discretion of the client/payer. The counsellor may make recommendations for weekly, bi-weekly, monthly, or bi-monthly. The client is responsible for making appointments.

Moose Jaw Family Services provides individual counselling for adults, youth and children, couples/marriage counselling, group counselling and other supports.

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	\$30.00 per session - Post secondary students and under \$50,000 household income
	\$60.00 per session - \$50,001-\$79,999 household income
\Box	\$100.00 per session - over \$80.000 household income or has insurance coverage

PAYMENT

Payment is accepted by:

- cash
- cheque (make payable to Moose Jaw Family Services Inc.)
- e-transfer (payments.mj.fsb@sasktel.net)

Payment is due at the beginning of the session. A receipt will be emailed to you. If you require a paper copy of the invoice and/or the receipt, please ask the counsellor at the time of payment.

If payment is not received, further services will be suspended until overdue balance is paid. In this case, appropriate referrals and transition planning will be made to ensure continuity of care of the client.

CANCELLATION/MISSED APPOINTMENTS

A minimum of 24 hour notice is required to cancel or reschedule an appointment. Failing to provide 24 hour notice will result in full payment being due. The only exceptions are unexpected illness or emergencies

	I have read ar	nd understand this	form, and any questions	s i have were addressed.	. This is an agreemen	it between Moose
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Jaw Family Services and payer/client.
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DATE AND TIME OF AGREEEMENT (YYYY-MM-DD HH:mm)
Payer Name:
Client name(s):