



Jones Consultation & Psycho-educational Services, LLC

1176 E Warner Road, Suite 216
Gilbert AZ 85296-3069
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5. Agreement to Pay for Professional Services Rendered

I request that Dr. Tiffany Williams-Jones, PhD provide professional therapy services. I understand that I am RESPONSIBLE for ALL services that my insurance company DOES NOT COVER. I also understand that I am RESPONSIBLE for my DEDUCTIBLE if I have not satisfied the set dollar amount. I understand that deductibles range anywhere from 200 to 3000 for in network and even higher out of network.

Ultimately, it is my responsibility to check my deductible and benefits. Dr. Williams-Jones' office will verify benefits as a courtesy, however, cannot guarantee payment will be made by my insurance until the claim is processed and paid.

If I have met the necessary deductible, I agree to pay any copayment that might apply. I understand that I may be required to pay the contracted amount, which is higher than my copayment, if the deductible has not been met. Once my deductible is satisfied, I understand that I will be required to pay my copayment.

In addition, any phone conversation with the counselor over 10 minutes, I agree to pay \$25 for every 15 minutes.

I agree that this financial relationship with this therapist will continue, as long as, she provides services, or until I inform her, in person or by certified mail, that I wish to discontinue. I agree to meet with this therapist at least once before stopping therapy. I agree to pay for services provided to me (or this client) up until termination of the therapy relationship.

I agree that I am responsible for all service charges provided by this therapist (for me, or this client), although other persons or insurance companies may make payment on my (or this client's) account.

I have also read this therapist's Consent for Treatment form and agree to act according to everything stated there, as shown by my signature below on this form.

I, Dr. Tiffany Williams-Jones, MSW, LCSW, PHD, have discussed the issues above with the client (and/or the person acting for client). My observation of this person's behavior and responses give me no reason that this person is not fully competent to give informed and willing consent.