Drexel University Individual, Couple, and Family Therapy Clinic

CONFIDENTIAL INFORMATION
Further Disclosure is Prohibited

3020 Market Street, Ste. 510
Philadelphia, PA 19104
Phone Number: 215-571-3409
Updated 4/17/2020

DUCFT Fee Agreement

I/We, agree to pay $________ per session for services at the Drexel University Individual, Couple and Family Therapy Clinic (DUCFT).

I/We understand that if my/our financial situation changes, we need to inform my/our therapist as soon as possible. If I/we are unable to pay the amount due, we can work out payment arrangements with my/our therapist at that time. I/We also understand that the Individual, Couple and Family Therapy Clinic uses Drexel University’s TouchNet payment system that requires payment via a credit card that is submitted via the internet.

I/We also understand that if I/we do not inform our therapist of cancellations within 24 hours of our scheduled appointment, we will be charged $10 for the session.

My/our therapist and I will revisit this agreement every six months, until the completion of therapy, to determine if any changes need to be made.

I understand and agree to follow DUCFT Payment Policy:

DUCFT recognizes that problems can occur with an electronic payment system. If this occurs, DUCFT staff or intern will notify the client. DUCFT expects the client to immediately respond to this notice and that payment be resubmitted through TouchNet. Any payment issues that result from system issues or non-payment is subject to a late fee. Drexel reserves the right to require payment before a scheduled session if there is a pattern of payment problems.

____________________________________________________________________________
Client Name (Printed or Typed)       Client Signature       Date

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Therapy Intern Name (Printed or Typed)       Intern Signature       Date

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Clinic On-Site Supervisor or Director Name (Printed or Typed) and Signature       Date