

AFFILIATED THERAPISTS, INC.

David Donaldson, PhD.
Clinical Psychologist
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303.643.8633

PAYMENT
CONTRACT

FEES: My fee for service is \$180 per 55 minutes. Longer or shorter sessions are prorated at \$3.27 per minute. You are charged for time spent on your case including written reports, approved consulting with other professionals and consultation with you by phone. You are not charged for the first ten minutes of a phone consultation. Longer consultations will be charged at the \$3.27 rate per minute.

CANCELLATIONS: If you are unable to keep an appointment, notify me as soon as possible.

In case of inclement weather, appointments will be kept by phone. Missed appointments will be charged unless you notify me 24 hours in advance.

INSURANCE: I do not accept insurance.

I, _____ have read the above and agree to abide by the stipulations of this contract.

Signed: _____ Date _____

Witness: _____ Date _____