Emily
Markowitz
LMSW, LCSW
LICENSED CLINICAL SOCIAL WORKER

FINANCIAL AGREEMENT

Income Information: Gross Salary: ____________________________

Number of Dependents: ____________________________

Unemployment, Disability, Social Security: ____________________________

Stock/Bonds: ____________________________

Real Estate: _________________________________

Other Sources: ____________________________

Unusual Expenses: ____________________________

Total Monthly Income: ____________________________

Fee Information: Fee for 50 minute session: $130.00 Client co-payment: _______________

Emily Markowitz, LMSW, LCSW standard fee is $130.00 per session. Emily Markowitz, LMSW, LCSW has reserved space in her practice for clients who may have difficulty paying the standard fee. For these clients, co-payments are offered on a sliding scale basis, based on ability to pay.

Based on my ability to pay, it is my understanding that my co-payment is $____________ per session.

Insurance Information: Insured's Name: _____________________________________ Insurance Company

Name: ____________________________________ ID # _____________________________

Group # ______________________________ Plan # ______________________________

Phone#_____________________________________

Address____

I give my permission to Emily Markowitz, LMSW, LCSW to release information regarding my treatment, including but not limited to diagnosis and dates of service, to my insurance company. I agree to assign benefits from my insurance company directly to Emily Markowitz, LMSW, LCSW.

____
Print Name of Client

____
Signature of Client/Responsible Party Date

____
Print Name of Client

____
Signature of Client/Responsible Party Date

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