



**Kathleen B. Corcoran, Ph.D., Inc.**

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**PAYMENT AGREEMENT FORM**

My therapist and I have agreed to the following payment plan (specific cost per session and length of session):

Initial Assessment session is \$165. Subsequent individual sessions are \$125 for 45

minutes and couple/family sessions are \$135 for 60 minutes. To be paid at time of

service.

The below signatures indicate acceptance of the above terms.

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date