

Melissa Pinnetti, LICSW
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617-699-7271

Agreement to Pay for Professional Services

I, the client/guardian/family member, request that Melissa Pinnetti, LICSW, provide professional services to _____ and I agree to pay the fee of \$200.00 per 45 minute session (or \$100.00 per 25 minute session) for these services. This fee structure applies to collaboration with other professionals, as agreed upon, phone calls and emails, Court appearances, document review, as well as travel time to appointments outside of my office.

I agree that this financial relationship with Melissa Pinnetti, LICSW will continue as long as she provides services or until I inform her, in person or by certified mail, that I wish to end this financial relationship. I agree to pay for services provided to me up until the time I end the relationship. When the relationship has ended, I agree to pay for any outstanding unpaid bills for services provided by Melissa Pinnetti, LICSW.

I have also read the "Letter of Agreement" presented by Melissa Pinnetti, LICSW, and agree to act according to everything stated there, as shown by my signature below. I understand that missed appointments and sessions with less than 48hr cancellations will result in being charged the full fee and I am responsible for payment. I have been informed that all bills not paid within 30 days will be subject to a 10% fee.

I also understand that any outstanding balance past 2 months will result in a hiatus of treatment until the balance is paid in full or other arrangements are made.

Signature of client /guardian

Date

Printed name

I, Melissa Pinnetti, LICSW, have discussed the issues above with the client. My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Melissa Pinnetti, LICSW

Date

