



Third Party Payer Agreement

This letter serves as an agreement between Daymark Pastoral Counseling and

_____ as to how services
(Payer's Name/Name of Organization)

for _____ will be paid at
(Client's name)

Daymark Pastoral Counseling.

The payer agrees to pay _____ per session.
(Specify either an amount or a percentage)

Enter the number of sessions payer agrees to pay: _____ **OR**

unlimited sessions (check box)

Other notes: _____

Date: _____

Client's signature: _____

Payer's (or representative's) signature: _____

Payer's billing address: _____

Payer's phone number: _____

Payer's email address: _____