

# COUNSELING SERVICES AGREEMENT

Between  
CHURCHES AND CORNERSTONEVISION COUNSELING

Pastors and churches have sought out the CornerstoneVision Counseling in ever increasing numbers to help with counseling situations. Because many churches cannot afford to have a counselor on their staff, referrals are made to the CornerstoneVision Counseling. This agreement is our attempt to bring clarity in the financial arrangements between the church, the client, and CornerstoneVision Counseling.

Please complete the following and return to the CornerstoneVision Counseling.  
Fax # 260-387-6984

<p><b>Name of Client:</b> <i>(a separate form is needed for each individual person please)</i></p> <p><b>Name of Church:</b></p> <p><b>Church Address:</b></p> <p><b>City/State/Zip</b></p> <p><b>Church Phone Number:</b></p> <p><b>Church Fax Number:</b></p> <p><b>Name of Confidential Church Contact:</b> <i>(person designated to receive the bill)</i></p>
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**FEES:** The client is choosing to use insurance in conjunction with this church agreement. I understand that the rates vary depending on the procedure code being used.

<p><b>CHURCH'S COMMITMENT:</b> _____</p> <p><b>CLIENT'S RESPONSIBILITY:</b> _____</p> <p><b>Total:</b>                      <b>insurance rates</b></p>
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The Church agrees to make payment up to the following limit unless further negotiated:

**NOT TO EXCEED LIMIT:**        \$ \_\_\_\_\_ or # of sessions \_\_\_\_\_

**Effective Date for Agreement (if different than signature date)** \_\_\_\_\_

\_\_\_\_\_  
Church Representative Signature

\_\_\_\_\_  
Date