

# Medical Service Agreement

This Medical Service Agreement ("Agreement") is made effective as of [Date] by and between:

**Patient Name:** [Patient's Name]  
**Address:** [Patient's Address]  
**Phone:** [Patient's Phone Number]

and

**Provider Name:** [Provider's Name]  
**Facility Name:** [Facility's Name]  
**Address:** [Provider's Address]  
**Phone:** [Provider's Phone Number]

## 1. Services Provided

The Provider agrees to provide mental health services, which may include, but are not limited to, evaluation, therapy, and treatment plans.

## 2. Term of Agreement

This Agreement will commence on the date above and will continue until terminated by either party with written notice of [Number] days.

## 3. Payment

The Patient agrees to pay for services rendered at the rate of [Rate] per session, payable [Payment Method].

## 4. Confidentiality

All services provided under this Agreement will remain confidential as per applicable laws and regulations.

## 5. Acknowledgment

The undersigned have read, understood, and agree to the terms of this Agreement.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_