



## FEE AGREEMENT

Thank you for choosing me as your therapist. I am committed to your therapy being successful. Please understand that payment of your bill is considered a part of your therapy. The following is a statement of my Financial Policy/Fee Agreement for you to read and sign.

### **Taking care of business at the beginning of each session**

I have found that it is best to deal with the business of scheduling appointments and bill payment at the beginning of each session. This way, we can focus on whatever needs and concerns arise during the session without having to then switch gears at the end to deal with business.

**Payment is due at time of service**, and I accept cash, checks, and all major credit cards.

My fees are as follows:

Initial Session/Diagnostic Interview (50 minute session)	\$150.00
Individual Psychotherapy/Counseling (50 minute session)	\$150.00

Payment is expected at the beginning of each session. For regular, ongoing clients with an established payment history payments made be made monthly. However, payment is expected within 30 days. A finance charge of 1.5% per month will be charged for balances over 60 days delinquent. You will be responsible for payment of legal and collection fees, if such services are required for non-payment.

### **Regarding Insurance**

If you would like to use your out-of-network insurance benefits I will provide you with a monthly statement of our sessions to do so. Even if you choose to use your out-of-network insurance benefits or flexible health savings account, you are responsible for all of the fees at the time of service. The balance is your responsibility whether your insurance company pays or not.

### **Missed Appointments**

My policy is to charge for sessions cancelled for non-emergency reasons with less than 24 hour notice and for sessions missed without cancellation. Your insurance will not pay for these sessions, and it will be your responsibility to pay for these charges. Please help me serve you better by keeping scheduled appointments.

**I have read, understand and agree to this Fee Agreement.**

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Signature of Responsible Party

Date