

Fee Agreement

The usual fees for services are outlined below. If you have any questions as to specific fees at any times, please ask me for clarification. If you are using insurance to cover this service, we will typically submit these claims for you, but you will be responsible for any contracted costs not covered by your insurance. In many cases, this will amount to a predetermined co-payment, but there are other situations where your share of the cost is not as clearly determined. If there is some confusion, we will try to help, but fees and insurance problems are ultimately your responsibility.

If, in addition to the normal therapy sessions, consultations with family members, other professionals, or institutions becomes necessary, standard fees will apply in proportion to the time spent. At your request or in order to facilitate treatment, it may also be necessary for me to write reports to other professionals or institutions. Since such reports are frequently time consuming, a fee may also be charged for this service. Such services are not typically billable to insurance, but we will do so if possible.

Sometimes it may be necessary for you to consult with me by telephone. In most cases, there will be no charge for this time, but if phone consultations become lengthy or frequent, I will discuss this need with you and a fee policy for such calls may be established.

I will make every effort to be on time for my appointments with you, and I expect you do the same. If you need to cancel or reschedule an appointment, please call me as far in advance as possible. I have 24 hour voice mail service, so you can call anytime to leave a message. If you cancel with less than 24 hours notice or fail to come to a scheduled appointment without notice, you will be charged for that time. Emergencies can occur, of course, and I will be as flexible as possible in such cases. Please understand, however, that charges for missed sessions cannot be billed to insurance and will be your responsibility.

Professional fees may be increased or adjusted at any time during treatment, but I will make a reasonable effort to inform you at least one month in advance of any anticipated increase. Unless other arrangements are made, I will expect you to pay for services at the conclusion of each session. I do reserve the right to terminate treatment if bills remain unpaid.

Counseling Fees

Initial Evaluation	\$165
Individual or Family Counseling	\$140
Group Counseling	\$60
Consultation	\$140-\$200
No Show Fee	\$140

Signature: _____ Date: _____

Print Name: _____

Therapist: _____