

## Fee Schedule

Effective: 7/1/11

The fee is \$100 per fifty minute session. A ninety minute session is also provided at a rate of \$140. Inform me of your desire to have a longer session at the time of scheduling. Payment is due before or at the time of treatment. If you are using your insurance plan, any co-pay is due at the time of treatment. You are financially responsible for any services provided which are not covered by your insurance policy. For adults who have third parties who fund treatment, and are not insurance companies (i.e. parents, guardians, scholarship etc.), you will need to have a release of information form signed that allows me to discuss billing information with the third party before treatment can begin. If you are financially unable to continue treatment, please discuss this with me before terminating treatment. A limited number of sliding scale sessions are available for those who can document financial need.

### **Pre-Pay Discount**

If you pay for 4 fifty minute sessions in advance, each of those sessions will be discounted by \$10 (Total \$360). These discounted, pre-paid sessions are non-refundable.

### **Late Cancellation Fees**

If you are unable to keep your appointment, please call promptly to cancel. Failing to do so within twenty four hours will result in your being charged the full fee for that missed session. The full fee varies from person to person. Please speak with me to determine what this fee will be for you.

### **Court**

If you request for me to appear in court on your behalf, the fee is \$300 per hour beginning with my arrival at the court house and ending upon my departure. There is a one hour minimum for this service. If this is something you believe you will need, please provide me the courtesy of plenty of notice.

### **Fee Policy for Intoxication**

If there is reason to believe you are intoxicated, the session will be cancelled and you will be charged the full fee for the session.

### **NSF Checks**

There is a \$25 fee for any checks returned for insufficient funds.

### **Outstanding Payment at Termination**

When our therapeutic relationship comes to its end you will be sent a formal letter of termination to keep for your records. If there are any unpaid debts at the time this letter is sent, you will have 60 days to settle this debt before it is turned over to a collection agency.

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- **By signing this I understand the above policies and agree to them.**

\_\_\_\_\_  
Signature of client (or client's legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Therapist

\_\_\_\_\_  
Date