

FINANCIAL CONTRACT

1. Standard Therapy Fees - I understand that I will be held financially responsible for payment of the services listed below. I understand that if I default on this contract I could be held responsible for all costs that may incur during an attempt to collect the unpaid portion of this agreement.

I also understand that I am expected to pay for the services at the time I receive such services unless other arrangements are made with my therapist. _____ **initial**

Individual Session (50 min)	Fee \$ <u>110</u>
Couples Session (50 min)	Fee \$ <u>110</u>
Group Session	Fee \$ <u>110</u>
Other	Fee \$ _____

2. Missed or Cancelled Appointment Fees - I understand that the following fees will be incurred due to missed or cancelled appointments that are **less than 24 hours** from scheduled appointment time—**regardless of the reason**. For example: If you cannot attend a Monday session, you must call by Saturday evening. _____ **initial**

0-24 hours	<u>This includes illness of self or family member</u>	Fee \$ 55
0 hours	no notice / no show	Fee \$110

Telephone Therapy Fees – I understand that the following fees will be incurred for scheduled and unscheduled telephone therapy or consultation calls: _____ **initial**

0-5 minutes	No fees charged
5-15 minutes	Fee \$25 (payable at next scheduled session)
15-30 minutes	Fee \$50 (payable at next scheduled session)
30-50 minutes	Fee \$110 (50 min) Standard Therapy Fee

Therapist Rights – I understand that the therapist has the right to cancel appointments for any reason (including illness, emergencies, or poor weather). The therapist will be flexible when poor weather is a factor to sessions being cancelled. _____ **initial**

_____ Client	_____ Date
_____ Client	_____ Date
_____ Therapist	_____ Date