

GENERAL FEES

COUNSELING FEES:

Initial Session	\$225.00
Individual Session	\$175.00
Family Session	\$200.00
Couples Session	\$200.00
Risk/Threat Assessment/Consultation - Based on time and need per case	

INSURANCE NON-REIMBURSABLE FEES:

No-Show	\$175.00 per Session
Late Cancellations	\$175.00 per Session
Therapeutic/Emergency Calls	\$150.00 per Session
Report/Letter/Form Writing	\$150.00 per hour
Non-Sufficient Funds (NSF)	\$ 25.00 per check
Collection Fee (bal beyond 90 days)	\$ 25.00

RECORD COPIES OR FAXES:

Copy of Records Request pgs 1-25	\$ 1.00 first 25 pages
pgs 26+	\$.50 each add'l page
Record Search	\$ 25.00
Faxes beyond 1 page	\$ 1.00 per page

All fees requiring documentation will be billed per the amount of time for service provided and for documentation time. All fees will need to be collected Prior to service when client is present. All other fees will be collected no later than the client's next session.

My signature below certifies that I have read and understood the information contained in this document and I agree to the terms stated herein.

Client Name: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature/Date (Children under 17): _____