

# Fee Agreement & Schedule

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_--\_\_\_\_--\_\_\_\_

Contact Phone:(\_\_\_\_\_)\_\_\_\_--\_\_\_\_\_

## Fee for Service

- I agree to pay the standard fee of \$125 per counseling session.
- I agree to pay the reduced fee of \_\_\_\_\_ per session for the reason:\_\_\_\_\_. I realize that this fee is a reduction of \_\_\_\_\_ per session effective until \_\_\_\_\_. I will notify my therapist in the event of any changes in regard to my financial situation.

## General Fee Information

- All fees are to be paid at the time of service. The standard fee for counseling is one hundred twenty-five dollars (\$125) per session. If services are required for court related issues which may include such items as, but not limited to: depositions, court room testimony, preparation time, travel time from and to my office, and waiting to testify; the fee is \$150 per hour.
- Since outpatient and psychotherapy services are the only services offered, I cannot guarantee around-the-clock availability. Therefore, if you should experience emotional or behavioral crisis and I cannot be reached immediately by telephone, please contact your local medical or psychiatric hospital. Please be encouraged to know that I will do my best to contact you and make myself available to you in the event of an emergency.
- Unless otherwise agreed upon by the therapist, accounts that are overdue by 4 sessions could result in the cessation of appointments until the outstanding balance is made current.
- A reduction in fee or fees covered by a third party are negotiable. Negotiated fees or a reduction in fee requires the mutual agreement between all parties involved along with the completion of an "Adjusted Fee Schedule" form.
- I understand that if I need to cancel any session that I need to give at least a 24-hour notification. If I fail to attend a session or fail to cancel a session, I realize I will be billed the cost of the session.
- I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform him/her that I wish to end therapy. I agree to pay for services provided to me (or the client) by this therapist. I realize that I am responsible for any unpaid/outstanding balance if I end therapy.
- I agree that I am responsible for the charges provided to me by this therapist, although other persons may make payments on my account.

## Court Fee Information

- I understand that if Stephanie R. Frey's services are required for court related issues which may include such items as, but not limited to: depositions, court room testimony, preparation time, travel time from and to my office, and waiting to testify; the fee is \$150 per hour. This fee is regardless if she is actually called to testify.
- If Stephanie is called to appear in court, I understand she requires a minimum of four hours of court/travel time, or \$600. If this pre-payment exceeds the final total fee, any excess will be refunded.

## Contact Information

- I understand that email notifications of upcoming appointments are provided. I am also aware of the potential risks related to electronic communication, such as limited confidentiality. I would like to receive email notifications of appointment:  Yes  No

I acknowledge that I have read, understand, and accept all the conditions of the above.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

I have discussed this financial agreement with the client (and/or person acting for the client).

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date