

Openings Counseling LLC

Fee for Services Agreement

IN-PERSON / IN-OFFICE SESSIONS: Standard therapy sessions conducted in the office are 50 minutes long and include time to set up future appointments and pay fees. The standard 50-minute fee is **\$125 per session**. Any additional time spent over either of the standard session will be billed by prorating the session fee.

***A sliding fee scale is available.**

PLEASE NOTE: In order to accommodate cost of living increases, as well as other business related increases, session **fees will increase by \$5 on January 1st** of each year.

EXTENDED SESSIONS: Some people prefer including regular or limited number of extended therapy sessions as part of treatment to allow more time to work through 'stuck points'.

TELEPHONE CONTACT: In cases when telephone contact with the client, parent(s), school personnel, legal representatives, other health care providers or other relevant people is a consistent and integral part of the treatment, the therapist will discuss with you the necessary fees due. These fees are determined by prorating standard therapy session fees of \$100 an hour according to time spent providing telephone contact.

LETTERS WRITTEN AND/OR DOCUMENTS PREPARED/REVIEWED: In cases when preparing and/or reviewing documents is integral to treatment, I will discuss with you the necessary fees due. These fees are determined by prorating standard therapy session fees of \$125 an hour according to time spent preparing and/ or reviewing relevant documents.

CANCELLATION POLICY: Please provide 24 hours notice of cancelled or rescheduled appointments by voicemail or text. **If you do not provide 24 hours notice, you will be charged the full fee for that session.** *Exceptions to this policy include inclement weather (which would create dangerous driving conditions) or an onset of sudden, serious illness occurring within the 24 hour time frame. If missing sessions becomes routine, I will discuss with you the possibility of discontinuing treatment and referral to an alternate provider.*

The full fee is due at the time service is provided payable via cash, check (made payable to Susan Scott or Openings Counseling, LLC), or credit card. In the case that fees remain outstanding for a period of more than two months I will notify you by phone or in writing with a due date for payment. If fees continue to remain outstanding I reserve the right to pursue formal collection of fees in keeping with professional guidelines and ethical standards. It is my hope that this course of action will never be necessary.

Please sign and date the form below. All of the above-mentioned policies and fees are in line with regular health care practice guidelines. By signing this document, you agree to the terms described above and will be responsible for full payment of the details described.

Fee for Service: \$ _____

I understand and accept all of the terms regarding this billing policy.

Name: _____ Date: _____

Signature: _____