

## Fee and Policy Agreement

### Fees

Therapy sessions for individuals are \$140 for 50 minutes, with longer sessions available for additional charge. Couples/family therapy sessions are \$160 for 50 minutes. Fees are due at time of service unless other arrangements are agreed upon. Payments can be made with cash, check, or credit card. If special arrangements have been made, you will receive a statement at the beginning of each month reflecting your unpaid balance. Payment for the agreed-upon amount is expected within ten days of receipt of the statement.

Delinquent accounts may be charged 1 ½ % interest per month (18% annually). If your account becomes seriously delinquent, we reserve the right to resort to the necessary collection procedures. If these procedures become necessary, you will be held accountable to pay all reasonable legal fees toward the collection of your debt. A \$20.00 service charge will be assessed for returned checks due to insufficient funds.

Time spent on written reports will be charged at the hourly rates.

### Policies

Services are by appointment only and normally scheduled for 50 minutes. As this time is reserved exclusively for you, it is necessary to charge for appointments that are not cancelled at least 24 hours in advance. In the event of an emergency, special consideration may be given regarding the cancellation policy.

We do not offer the service of filing insurance claims on behalf of our clients. We will, upon request, issue you a monthly statement which you may use to file for reimbursement from your insurance provider.

We do not provide emergency or 24-hour coverage. In the event of an emergency, call 911 or go to your nearest emergency room.

Phone calls made by Jonathan Gray or Big Spring Counseling may be blocked or appear as "Private Number" on caller I.D.

### Agreements

Of the phone numbers you listed on the Client Information sheet, please indicate any numbers at which we may NOT leave messages: \_\_\_\_\_

I have read and agree to the above policies and fees. I agree to pay \$140 per 50-minute session for individual therapy, and I understand that I am responsible for full payment of this amount.

\_\_\_\_\_  
Print client (parent or guardian for minor) name

\_\_\_\_\_  
Client (parent or guardian for minor) signature

\_\_\_\_\_  
Date