



Fee Agreement

Appointments are 45-60 minutes in length, at the rate of \$100 per session.
In the event I am involved in a legal proceeding, the rate increases to \$200/hour

Cancellation policy: **I require 24 hours advanced notice of cancellation of an appointment.** A full fee (\$100) will be charged if less than 24 hours notice is given. Exceptions may be made in the event of extreme emergencies.

I collect payment at the beginning of our time together. I ask that you have your check made out in advance, or your credit card at the ready. This will allow us to devote our entire attention to the pursuant therapy.

I do not bill insurance at this time. I can and will provide a receipt of services however, that can be submitted for possible reimbursement. Some insurance plans cover mental health services, and I recommend that you check with your carrier to see what benefits are available.

Delinquent payment: You are responsible for your account and are expected to pay for services you receive.

This contract is exclusively with Lauren Lippincott, MA, LMFTA. My work with you is as an independent practitioner and not in affiliation with any group practice, or other practitioner in this, or any other building. Individual mental health practitioners assume no liability or responsibility for any other practitioner or group working in this office or building.

Having read the above contract, I understand my responsibilities for payment. My (our) signature(s) confirms acceptance of the above items and constitutes informed consent for psychotherapy without exception.

Printed Name Signature Date

Printed Name Signature Date

If a personal representative or guardian signs this acknowledgement **on behalf of a client**, please complete the following:

Representative/Guardian's printed name: _____

Relationship to client: _____