

**Counseling For Growth, L.L.C.**  
**Ms. Rikia Ancar, PLMFT**  
**Fee Schedule and Reimbursement/Attendance Policy**

<u>Service</u>	<u>Session Length</u>	<u>Fee</u>
Family or Couples Counseling	50 minutes, 75 minutes , 90 minutes	\$35, \$50, \$75
Individual Counseling	50 minutes	\$35

Any missed appointment will result with the client being charged \$35.00 automatically to the credit card on file.

Any appointment in which the client did not cancel with at least 24 hours notice will result with the client being charged \$30.00 automatically to the credit card on file.

Short letters (1 or 2 pages) of support for work, school, or family will be provided at the following rate: The first letter will be free of charge (complimentary). Any additional letters will result with a fee of \$10.

Any reports that include detailed clinical information for school, work, disability services, etc. will require a \$15 per page fee, which is not covered by insurance.

Please Note:

- 1) Ms. Ancar, PLMFT cannot accept insurance as per the Board Rules enforced by the Louisiana Licensed Professional Counselors Board of Examiners Marriage and Family Therapy Advisory Committee.
- 2) All services are available for children, adolescents, adults, and families.
- 3) Ms. Ancar, PLMFT does not provide litigation services. Ms. Ancar, PLMFT will only provide client records with the informed consent of all parties and a written request.

I, \_\_\_\_\_, have read, understand, and agree to abide by the Fee Schedule and Reimbursement/Attendance Policy. I also understand that a bill may be generated and sent to the address I provided on the intake form if I miss or do not cancel an appointment within 24 hours.

_____	_____
Print Name	Date
_____	_____
Client Signature	Date
_____	_____
Witness	Date