

CLIENT FEE AGREEMENT

I understand that the fee for one 45 minute or 60 minute session range from \$115.00 - \$145.00 unless other fee arrangement has been made. I agree to pay the agreed upon amount in full at time of service.

- I agree to pay full fee:
\$145.00 - Assessment
\$115.00 - 45 minute session
\$130.00 - 60 minute session

I will use my Insurance for payment.

I agree to pay agreed upon fee of _____.

| | |
|---------------------|-------|
| Client Signature | Date |
| _____ | _____ |
| Client Signature | Date |
| _____ | _____ |
| Therapist Signature | Date |
| _____ | _____ |