

**CLIENT FEE AGREEMENT**

I understand that the fee for one 45 minute or 60 minute session range from \$110.00 - \$125.00 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  
\$110.00 - 45 minute session  
\$125.00 - 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  |
| _____               | _____ |