



Mary E Joyce, LPC, CADC I Fee Agreement

By signing the form below, you understand the following information:

All therapy sessions will be billed to the insurance provider(s) listed on your personal information sheet as completed at intake. It is your responsibility to assure preauthorization as needed and to notify me of any changes to the insurance information you provided.

- The fees associated with counseling are your responsibility.
- Sessions are billed at \$170 for the first assessment and \$160 for subsequent 60 minute sessions.
- Refunds are not available.
- If unable to make an appointment, 24 hour notice is required. If 24 hour notice is not given, I reserve the right to charge for the full session amount. Missed visits can not be billed to insurance carriers.
- If client does not show for an appointment, I reserve the right to bill for the missed session.
- Fees are due upon completion of session.
- If client has not paid fees due for service, I reserve the right to limit follow up sessions to one more session until payment is made.
- Services may be terminated at any time, for any reason by either client or therapist.
- I may refer you to another provider, it is your responsibility to arrange an appointment with that provider.

- *I understand the above guidelines and agree to abide by these guidelines:*

Client: _____ Date: _____
Signature

Print Name

Guardian/Payer (if under 18): _____ Date: _____
Signature

Print Name

Therapist: _____ Date: _____
Mary E Joyce, LPC, CADC I