



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 \$150 for the first assessment and \$110 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