

Fees and Length of Therapy

I agree to enter therapy with Ann Landers, MFT, SAP for _____45 minutes sessions during the next _____weeks, or for _____ number of sessions .

___ My EAP Provider will pay the agreed fee for each session .

___ I agree to pay the standard fee or copayment of \$_____for each session . I will make payment in cash, check or credit card at the time of the therapy appointment, unless we have made other arrangements . I understand that I can leave therapy at any time and that I have no financial, legal, or moral obligation to complete the maximum number of sessions listed in this contract . I am contracting only to pay for completed therapy sessions, or session I miss without providing 24-hour notice and telephone time as outlined in the Office Policies section .

Date_____

Client's Signature_____

Date_____

Client's Signature_____

Office Policies

Payment for Service: You are expected to pay for services at the time they are rendered unless other arrangements have been made .

Insurance Reimbursement: This office will bill your insurance . You are responsible for checking with your insurance to determine your benefits and payments .

Cancellation: Since an appointment reserves time specifically for you, a minimum of 24-hours notice is required for rescheduling or cancellation of an appointment . The full fee will be charged for missed sessions without each notification . Most insurance/ EAP companies do not reimburse for sessions missed .

Office Hours: Hours are from 9:00 AM to 6:00 PM, Monday to Friday and Saturdays from 10:00 to 2:00 . If you need to contact me between sessions, please leave a message and I will return your call . Between 8:00AM and 6:00 PM . , follow the emergency protocol described below .

Telephone Time: After 5 minutes of telephone time, you will be charged your regular fee .

Sessions Greater Than 50 Minutes: Sessions that go beyond the 45 minutes will be prorated to the nearest quarter hour .

Emergency Procedure: An emergency is an unexpected event that requires immediate attention and can be a threat to your health . If an emergency situation arises, please state this when you leave your message and I will return your call as soon as possible . After 5 minutes of telephone time, you will be charged on a prorated basis . If I have not called you back within 60 minutes and the emergency persists, and the emergency requires it, please call your physician, call 911 or admit yourself to the hospital for observation .

I have read and understand these office policies .

Client _____ Date _____

Client _____ Date _____