

Financial Agreement

I understand that the fee for up to a 50-minute session is \$200. The fee for up to an 80-minute session is \$300. Payments are due at each session. If sessions extend beyond this time frame, they will be charged on a pro-rated basis.

I understand and agree to give my therapist **24 hours or more** notice of cancellation or rescheduling. In the event of less than 24 hours' cancellation, I understand that I am responsible for the entire fee for that session.

I understand that charges are made on a pro-rated basis for telephone consultations lasting longer than 15 minutes. Report writing and attendance at meetings with other professionals will be charged on a case-by-case basis, depending on the service requested.

If your personal check is returned for insufficient funds you will be charged \$35, which is the fee the bank charges me to reprocess the check.

You agree to inform me if there are any changes in your ability to pay for your counseling, so that we can discuss possible adjustments in fees or when payments are due.

Signature (Parent if Client is under 18)

Date

Client Name (PLEASE PRINT)

Dr. Christine M. Bielinski, Ph.D., LPC

Date