

THERAPY STUDIOS

create a life you love

FEE SCHEDULE & AGREEMENT TO PAY FOR SERVICES

Initial consultation (new clients), 30 Minutes.....	No Charge
Individual/Gender Therapy, 60 Minutes.....	\$125
Couples/Family Therapy, 60 Minutes.....	\$150
Group Therapy, 60 Minutes.....	\$50
Group Therapy, 90 Minutes.....	\$100
Crisis/On Site Therapy Services, (per 30 minutes).....	\$200
Expert Testimony for Court Hearings.....	\$350

A NOTE ABOUT INSURANCE

We do not file insurance claims on behalf of our clients. However, upon request, we can provide you with insurance-ready invoices for you to submit to your insurance company for out of network benefits. This document is called a "Superbill".

THERAPY STUDIOS SCHOLARSHIP PROGRAM

In recognition of the economic disadvantages that limit some people from experiencing the benefits of therapy, all Therapy Studios practitioners offer scholarship spots to help clients afford services. If this option is of interest to you, please talk with your provider.

OUT-OF-SESSION SERVICES

- ★ Phone calls between sessions are for crisis management only. Should they take place, the fee for such calls will be determined by your provider.
- ★ Letters and affidavits written on your behalf as a Therapy Studios client are often complementary. However, some letters, assessments, or documentation requests are very time consuming, and your therapist reserves the right to request payment for these services. In these cases, your provider will discuss applicable fees before beginning the associated project.

AUTHORIZATION

I authorize my provider and/or their agents to collect fees for services rendered to me and/or any persons for whom I am responsible. I agree to pay in full at the time of service. *I agree to provide no less than a 24-hour-notice when cancelling or rescheduling my appointment so that others have the opportunity to schedule in my place. I will be responsible for the full price of the missed session should I fail to do so.*

Signature of Responsible Party: _____

NAME OF RESPONSIBLE PARTY: _____ DATE _____

NAME OF CLIENT(S) _____

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CREDIT CARD AUTHORIZATION

Cash and Checks are welcome, however, many clients find it preferable and convenient to allow Therapy Studios to hold a credit/debit card number on file to facilitate transactions.

Therapy Studios services do qualify as medical expenses, meaning you can use a Health Savings Account to pay for services.

CARD INFORMATION ::: VISA/MASTERCARD/AMEX/DISCOVER (Please circle)

CARD NUMBER _____

EXPIRATION DATE _____ CVV _____ BILLING ZIP _____

CARD AUTHORIZATION SIGNATURE _____