



**SHERRY DANIELS, MA, LPC, NCC**

2325 W. Shiawassee Ave., Suite 105, Fenton, MI 48430 (810)629-2500 Fax(810)629-2517

**FEE AGREEMENT and FINANCIAL RESPONSIBILITY**

**FEE SCHEDULE:** **\$90.00 per 45-minute hour. \***

*This fee rate is the same for private, conjoint (couple), and evaluation sessions, telephone consultation, family therapy sessions, and parent consultation time (as appropriate with minors). Some sessions, particularly family therapy sessions may be scheduled for 1.5 to 2 hours.*

Reports: Additional fees will be charged for any requested written reports.

**APPOINTMENT SCHEDULE & CANCELLATION POLICY:**

Appointments are generally made on a regular weekly basis and your time is held for you from week to week. You are responsible for the fee of all your scheduled appointments. In the event you are unable to keep your appointment, please call to cancel, and schedule a new appointment. If you do not show for a scheduled appointment without previous notice, you will be charged a No Show fee of 75% of your scheduled appointment fee. If an appointment is canceled within less than 24 hours, you will be charged a **Late Cancel fee of 50%** of your scheduled appointment fee.

**PAYMENT OF FEES:** **Payment is due at the time of service.**

Payment may be made by check, cash, Visa, MasterCard, Discover or money order. If you have a balance on account, you will be billed. Our **billing standard is Net 10 - 1% after 30**. This means that payment is expected no later than the 10th day following the billing date (postmark to postmark). Any bill that becomes 30 days past due (28 days in February) will be subject to a **surcharge of 1% per month** (12% per annum) calculated from the 30th day after service - including any late cancel or no-show fees. In addition, there will be a monthly statement fee of **\$2.00**. If the use of a collection service is necessary, the cost of collection and/or legal fees will be added to the due amount. The fee for checks returned by the bank is \$25.00.

**CONCERNING THIRD-PARTY REIMBURSEMENT:**

**The standard of this office is direct fee for service.**

If insurance or other third-party coverage is available for full or partial reimbursement of these fees, this office will assist to secure that reimbursement, but is not responsible for the final disposition of any claims. Late cancel and no-show fees are always the responsibility of the client. If for any reason the third party refuses reimbursement, you are still obligated to pay in full any accumulated charges in terms of the billing standard noted above. Payment is still expected and due at time of service.

\* If a third party reimburses at a higher rate than stipulated by this agreement, the higher rate will prevail as the operating fee schedule.

**I accept the above Fee Agreement and Financial Responsibility.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

File copy\_\_\_ Copy to Client\_\_\_\_\_