

FEE POLICY

The therapists of Midtown Family Therapy Group are private practice therapists who provides counseling and therapy services for growth and enrichment. Mental health professionals provide these services with the necessary qualifications in their respective areas of specialty.

This practice is funded entirely by fees charged for services. Midtown Family Therapy Group is not subsidized by governmental or private organizations.

The normal fee is \$95.00 per session, consisting of 50 minutes. Charges for testing and/or the writing of reports will be discussed with you, if these services become necessary. Any fees incurred for written reports, extended consultation with other professionals or court related services must be paid in advance.

Methods of payment include cash or check. A charge of thirty-five dollars (\$35.00) will be assessed for any check that is returned from the bank for any reason. In addition, Midtown Family Therapy Group reserves the right to seek the assistance of the District Attorney Bogus Check Division to obtain payment.

Full fees will be charged for appointments made and not cancelled 24 hours in advance. No fee will be charged if the appointment is cancelled 24 hours or more in advance. Lengthy or repeated telephone calls will be considered as appointments and charged accordingly.

As is customary with most professionals today, fees are due at the time of service. Special arrangements may be made on an individual basis due to financial hardship. An interest fee of twenty-eight percent (28%) per annum will be assessed monthly on all outstanding balances which are 60 days past due. Treatment will not be provided to any client whose balance exceeds \$250 without a written and signed financial payment contract. Any outstanding balance that is past due more than 120 days may be turned over for collection action unless an alternate payment agreement has been reached, which may include reporting to credit bureaus (which will adversely affect credit scores) or filing a claim in small claims court.

I have read, understood, and agree to the policies stated above.

Signature of Client or Responsible Party

Signature of Client

Date

Date