Lauren Reiter LCSW

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CLIENT FEE AGREEMENT

 Like many seasoned professional therapists with extensive specialization, I’ve chosen to not work in-network with insurance companies because of the inherent conflict between goals of the insurance company and needs of my clients. If you chose to use your out-of-network benefits, I will be happy to provide you with a receipt that will allow you to do this.

 \_\_\_\_\_$125 for a 55 minute session in the office or online or

 \_\_\_\_\_$175 for a 85 minute session (one hour and 25 minutes) in the office or online

 \_\_\_\_\_$65 for a 30 minute phone session

 \_\_\_\_\_Extended sessions are available as therapist schedule allows; otherwise a follow-up appointment can be made.

\_\_\_\_\_$65 for 30-minute phone consultations

 \_\_\_\_\_Payment is due before session begins

 \_\_\_\_\_Cancellations must be received at least 24-hours in advanced of your scheduled appointment; otherwise you will be charged the full appointment fee for the missed appointment.

 \_\_\_\_\_I understand that It is my responsibility to call my counselor (day/night/weekend) to cancel my appointment. I am aware that I must call to cancel an appointment within 24 hours of that appointment in order to avoid full financial responsibility for that session.

 \_\_\_\_\_Payment at the time of service will be requested in cash, check or credit card. All checks should be made out to Lauren Reiter LCSW. If you are paying cash, only the exact amount will be accepted. I will not be able to make change and any excess will be applied to your next session. Please be aware that I do not provide refunds for unused sessions if you chose to pay ahead for sessions.

 *Please initial the spaces to confirm that you fully understand the agreement. Ask any clarifying questions that you may have.*

 I, the undersigned client, have read and understand the fee agreement as listed above:

 Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For convenience many clients opt to keep credit card information on file. This information is kept in a secure password protected document. The section of this paper with your credit card information will be shredded.

 I, the undersigned client, agree to grant my permission to charge my credit card for appointments, as well as for appointments not cancelled in the timely manner described above.

 \_\_\_\_\_\_I do grant my permission to charge my credit card

 \_\_\_\_\_\_I do not grant my permission to charge my credit card

 Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Debit/Credit Card Authorization: Visa; MasterCard; Discover; American Express;

 Name as it appears on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expire Date: \_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3-Digit Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Street address of cardholders billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code of cardholders billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sessions will generally last 55 minutes. I ask that you be on time and I will do my best to do the same. Please understand that there are times when I may run behind schedule due to crisis or emergency situations. In which case your session will still last the entire 55 minutes.