



Norma J. Vaillette LMHC

215 E Oak St. Lakeland, FL 33801

www.normajotherapy.com www.therapyappointment.com

863-284-0817 fax: 863-284-0608

Catalyst Counseling LLC

**Fee Schedule and Agreement to Pay
For Professional Services
Individual, Couples and Family Services**

♫ Session, 50 minutes client contact, 10 minutes paperwork	\$120 (out of pocket)
♫ Session with insurance <i>paid at time of session</i>	Copay
♫ Session without report to insurance company	\$90/50 min, \$100/60 min.
♫ Extra time (not billed to insurance), if schedule allows	\$50 per ½ hour
♫ Letters with completed release form	\$25
♫ Treatment summaries or reports, copies provided for client review (<i>review done in office</i>) Copy of report sent directly to agency	\$60
♫ Telephone consultation or emergency calls, <i>per 15 minute contact</i> (calls are rounded up to the nearest 5 minute mark after the first 15 minutes)	\$25 per 15 minutes
♫ Skype or phone sessions* *This is an out-of-pocket fee. Insurance is not billed.	\$100*
♫ Preparation for court including deposition	\$250/hour
♫ Presence in court (requires 6 week notification) (clients are cancelled for the day, therefore, it is a full day charge)	\$1000/day
♫ Missed or broken appointment fee with less than 24 hour notice	\$50

Alternate fee package: Pay for 3 sessions to be used within 3 months of the signed date at a bundle price of \$230.00 (paid up front) or a 6 session within 6 month option for a bulk payment of \$450.00

_____ I elect for the 3 session bundle. I agree to use or forfeit these sessions within 3 months of the date of this signed agreement. I agree to pay \$230.00 at the first session.

_____ I elect for the 6 session bundle. I agree to use or forfeit these sessions within 6 months of the date of this signed agreement. I agree to pay \$450.00 at the first session.

Alternate Fee Schedule and Payment Agreement

_____ (Initial) 24 hour notice is needed to cancel an appointment. This fee is waived if you make an appointment within one week of the cancellation. The fee is waived for unavoidable circumstances based on therapist judgement, so a call or email is important. This fee is also waived for Sundays before 9 p.m. as I will get an email alert, so I get "notice".

_____ (Initial) I agree that I am requesting Norma Vaillette LMHC to provide professional therapy services for (client name) _____. I agree that I am responsible for the charges for services provided by this therapist although other persons or insurance companies may make payments on this client's account.

I agree that this financial relationship will continue as long as Norma Vaillette is hired as the therapist. I agree to inform her in person or by certified mail if I (or the client) choose to stop therapy. I agree to meet with Norma Vaillette at least one time before stopping therapy to provide for closure and transition that is in my best interest. I am aware that Norma Vaillette may end therapy services and that she will inform me specifically as to the reasons for this termination of the therapeutic relationship.

I understand that I can discuss payment at anytime with Norma Vaillette. Changes to the fees may be made by this therapist but will be done with notice and discussion. I am aware that Norma Vaillette may offer and end discounts or special pricing at her discretion. Any discounts are temporary and do not permanently affect the agreed fee. I am aware that this form is part of the client's file.

Signature of client (or responsible party)

Date

Printed name

I, Norma Vaillette LMHC, have discussed the issues above with the client (and/or the responsible party for this client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Norma Vaillette LMHC

Date

Copy given to client/responsible party [Original kept by therapist in client file]