



Norma J. Vaillette LMHC

308 E. Lemon St. Ste 105

Lakeland, FL 33801

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	\$100 (out of pocket)
Session with insurance	Copay paid at time of session
Session without report to insurance company/ no records, paperwork	\$75
Letters with completed release form	\$25
Treatment summaries or reports, copies provided for client review (review done in office) Copy of report sent directly to agency	\$50
Telephone consultation or emergency calls, per 15 minute contact (calls are rounded up to the nearest 5 minute mark after the first 15 minutes)	\$25 per 15 minutes
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)	\$600/day
Missed or broken appointment fee with less than 24 hour notice*	\$65 \$50
*notify Norma ASAP, if there is problem, payment plans for this fee can be arranged.	
School note or work note verifying appointment	n/c

Fee of _____ set as of (date) _____

Fee Schedule and Payment Agreement

I agree that I am requesting Norma Vaillette LMHC to provide professional therapy services for
(client name) _____.

I agree to pay a fee of \$_____ per session for these services.

I agree to pay at the time that service is rendered or ahead by special arrangement. Any late payment must be discussed and agreed upon with the therapist. I understand that I am agreeing to meet my responsibility for payment. *If using insurance, I agree to pay the remainder of the insurance portion for services rendered should a claim be denied.* **This document serves as the signature on file for submission of insurance or other payment claims.**

I agree that this financial relationship will continue as long as Norma Vaillette is hired as my therapist. I agree to inform her in person or by certified mail if I 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 agree that I am responsible for the charges for services provided by this therapist to

Name of Client

although other persons or insurance companies may make payments on this client's account.

I have also read this therapist's Consent for Treatment and other information forms and agree to act according to everything stated there, as shown by my signature below.

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