



Norma J. Vaillette LMHC

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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*	\$100*
*This is an out-of-pocket fee. Insurance is not billed.	
♫ 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)	\$700/day
♫ Missed or broken appointment fee with less than 24 hour notice	\$50

_____ (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".

♫ School note or work note verifying appointment n/c

_____ (Initial) Session Fee of _____ set as of (date) _____

_____ insurance copay or rate equivalent _____ set as of (date) _____

_____(Initial) I understand that my signature on this form serves as my "signature on file" for submission of insurance claims and permission for payment by insurance companies or credit card payments authorized by phone or email.

_____ (Initial) 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.*

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
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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]