

# Integrated Counseling Center LLC

## Cash Pay Fee Agreement

This agreement is for those persons who do not have insurance. In order to qualify for the following rates you are agreeing that you are willing to receive services by a non licensed professional who minimally holds a master's degree in counseling, social work, psychology or related field. In order to ensure quality care these person's are supervised by qualified, licensed professionals. In addition, you understand that **payment is due at time of services** as you will not receive an invoice and will only receive a receipt for services.

The fees for services by a nonlicensed professional:

Initial Appointment 75 minutes: \$80.00

Individual Session 45 to 50 minutes: \$60.00

Individual Session 25 to 30 minutes: \$40.00

**Missed sessions and those canceled without 24 hours notice shall be billed at \$35.00. This fee is due prior to your following visit.**

**Two missed sessions without cause, can result in discharge from services.**

By signing this document, I agree that I have read and understand the above fee policy information. I agree to pay fees under the terms and conditions previously explained to me. I further understand and agree to the no show fees.

\_\_\_\_\_  
**Client Signature/Guarantor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**