



BANYAN
THERAPY GROUP
REFUGE - RECOVERY - RESTORATION

FEE AGREEMENT

(initial each statement)

_____ I understand that the standard one-hour therapy session is 50 minutes.

_____ I understand that the hourly (50 minutes) rate is \$_____ per therapy session and that payment in full is due at the beginning of each session. Fees are appropriately increased periodically with at least 30-day notification and new agreement is agreed on and signed.

_____ I understand that if I choose to submit to my insurance for reimbursement, I will receive a monthly invoice for services rendered. I realize that it is my responsibility to understand my insurance policy concerning mental health services and that I must inquire about out-of-network services.

_____ I understand that there is a **24-hour cancellation** policy and that I will be billed if I do not show for my appointment and/or if I do not call within 24-hour notice.

_____ I understand that if my therapist is able to accommodate, I may request additional time if I need it at the end of the session, and that I agree to pay for that time accordingly.

_____ I understand that in case of forgotten payment for sessions rendered, my credit card will be charged for the session. This will appear on my credit card statement."

_____ I understand that if I use my credit or debit card, this charge will appear on my statement. If I contest the charge and a chargeback occurs, I understand that I will be responsible for the chargeback penalty and any other costs incurred.

_____ I understand that after three consecutive sessions of nonpayment, therapy may be suspended and/or terminated with referrals.

My initial at each statement above and my signature below confirms that I have read, understood, initialed, and agreed to the above statements.

Client's Signature

Date

Signature of parent/guardian if client is a minor

Date