
Financial Agreement

(Please initial each paragraph and sign below)

_____ Billable services include, but are not limited to clinical interviews, psychotherapy, telephone consultations, report production, school consultations, testimony, travel time, missed appointments and other professional fees.

_____ Missed appointments, including telehealth sessions, and those not cancelled with twenty-four hours' notice, via email or voicemail, will be billed at the full psychotherapy rate of \$160.00.

_____ Payments are due at the time service is rendered. If payment is not provided, notification must be given at time of service with arrangements to make payment within 14 days. If payment is not made, services may be suspended until payment is made.

_____ Checks are payable to Harmony Psychotherapy, LLC. Credit cards accepted include Visa, MasterCard, Discover, and American Express.

_____ Client is responsible for any fees incurred in the collection of payment, including attorney's fees.

_____ Services rendered by Brittany Vera, LCSW and Harmony Psychotherapy, LLC are billed according to the following fee schedule unless otherwise agreed upon:

Description of Service	Length of Time	Fee
Individual psychotherapy; regular session	50 minutes	\$160.00
Parent/Family psychotherapy (with or without client)	50 minutes	\$160.00
Initial Intake session and extended psychotherapy sessions	75-90 minutes	\$240.00
Phone Consultation is billed at 15- and 30- minute increments of full fee		Increments of \$160.00
Psychotherapy or consultation group	90 min.	\$85.00 – \$130.00
School meetings and other consulting meetings (including travel time)	Per hour	\$160.00
Preparation of court reports, depositions, consultation with attorney	Per hour	\$290.00
Court Testimony (including travel time)	First Hour Second Hour	\$370.00 \$185.00

_____ Fees are subject to change with limited notice, delivered either verbally or in writing.

Client or Parent/Guardian Signature (if Client is a minor)

Date