



7777 Glades Road Suite 205
 Boca Raton, FL 33434
 (561) 613-5217

APPOINTMENT AND FEE AGREEMENT

Client Name _____

Date of Birth: _____

I acknowledge that when an appointment is scheduled, *that time is being reserved exclusively for me*. I understand that failure to keep that scheduled appointment means that I am responsible for payment of the full session fee. I understand that if I need to cancel or change my scheduled appointment, I must call my therapist 24 hours in advance or be charged for full session fee. I am aware that New Vu Therapy, LLC has provided a telephone number with voice mail service that operates 24 hours a day (561-613-5217).

I understand that my therapist will contact me prior to charging the session fee for a missed appointment to discuss my preferred means of payment. Furthermore, I am aware that if I fail to respond to my therapist’s attempt to contact me within 48 hours or to provide payment for the missed appointment within 14 days, the credit card information I provided on the Credit Card Authorization form will be used to pay the session fee without additional written or verbal consent required.

In addition, I am aware that I am responsible for all full payment of all fees for any additional services that I have authorized and requested. The fees for NewVu Therapy services have been clearly outlined for me and are as follows:

<p>Traditional fees for my professional services are as follows: Intake Session (60 minutes) - \$200 Psychotherapy Session (50 minutes) - \$200 Phone Consultation (15 minutes) - \$60 Preparation of Written Reports (15 minute) - \$60</p> <p>The following services are billed in 15 minute increments portal to portal, meaning from the time I leave my office until the time I return: Attendance at Meetings (Hourly) - \$250 Court Proceedings and/or Testimony (Hourly) - \$350</p>
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Please note that the outlined fees include a reduction of 5% for payment using cash or check. **Fees for using a credit/debit card are 5% higher than listed above.**

I acknowledge that I have read and understand the above stated agreement and will comply with the terms of the agreement.

Client/Parent Signature _____

Date _____

Therapist Signature _____

Date _____