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### FEE AGREEMENT

**Fees:** The established fees for therapy services at the GPS are \$175.00 for the intake session and \$130.00 per session after that.

- **Client Fees are due at the time that services are provided unless other arrangements have been made in advance.**
- **If insurance information cannot be obtained at the time of intake, or the client does not have expected coverage, the client is responsible for the fee.**

**Insurance Coverage/Information:**

Insurance Provider \_\_\_\_\_ Annual Deductible \_\_\_\_\_

Insurance Co-Pay \_\_\_\_\_ Visits per calendar year \_\_\_\_\_

**Fee for Service/Sliding Scale Fee/Cash Pay:**

Annual Household income \_\_\_\_\_ Number of people in household \_\_\_\_\_

Fee per session \_\_\_\_\_

- **Re-Assessment of Fees:** Fees are agreed upon at the time of Intake and reviewed periodically throughout services. This reassessment occurs with changes in insurance coverage and reimbursement and at least every 6 months.
- **Cancellation of Appointments:** Cancellations must be made at least 24 hours in advance of appointment time. Per our attendance policy, the charge for late or no cancellations will be **\$30.00**. This rescheduling fee must be paid before the next appointment.
- **No-Show:** One no-show may result in termination of treatment. The charge for a no-show will be **\$30.00**. This rescheduling fee must be paid before your next appointment.
- **Non-payment of fees will result in review of your case for possible discharge.**

BY SIGNING THIS AGREEMENT, I AGREE TO THE ABOVE FEES AND THAT THE FINANCIAL INFORMATION IS ACCURATE.

Client's Printed Name \_\_\_\_\_

Client's/Guardians Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

