

**Fee Agreement**

**Fee:** The fee for 50 minute individual sessions is \$150. The full fee is due at the beginning of each session.

**Cancellation policy:** I require 24 hours notice for cancellations. Appointments cancelled with less than 24 hours notice will be billed at your full fee.

**Insurance Limitations:** My ability to work with insurance is limited. If you have mental health coverage through commercial insurance, a government mental health program, or a government program administered by a commercial insurance company, you may have access to mental health services from providers who participate in those plans. The cost of your care may be partially or completely covered through these plans. You are free to choose to bypass your health care plan and pay for your care independently with Julie Sihilling PLLC. However, you are also free to seek care under your health care plan, rather than through Julie Sihilling PLLC.

**Adjustment of fee:** Checking this box indicates that you have negotiated a reduced fee with your therapist because the fee is a barrier to your receiving mental health services.

**Agreed upon fee:** \$ \_\_\_\_\_ *We will readdress the fee every six months and/or as circumstances change, such as employment*

**Patient Initials** \_\_\_\_\_

**I have read and understand the fee agreement.**

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Patient Signature - (Patient or Parent/Guardian if patient is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and relationship to patient (if patient is under 18):

\_\_\_\_\_  
Psychotherapist Signature

\_\_\_\_\_  
Date