

**CLIENT FEE AGREEMENT**

I, the undersigned client, I have read and understand the fee agreement as follows:

- \$190 for a single 50-minute session
  - \$285 for an extended 80-min session
  - \$380 for a double 105-min session
- Sessions over 50-minutes are charged a prorated amount, in 15-minute intervals
- Extended sessions are available when therapist schedule can accommodate
- Payment is due at time of service
- Cancellations must be received **at least 24-hours in advance** of your scheduled appointment; otherwise, you will be charged \$190 for the time reserved for you.
- In the event Debbi Dunbar, LPC does not show up, or double schedules, the next session is free of charge.

Please check each box to confirm you fully understand the agreement. Please ask any clarifying questions you may have.

Credit card information is kept on file, in a secure double locked location, for purposes of late cancellation and missed appointment purposes. You will receive a detailed receipt for all transactions.

All credit card information is shredded for non-active clients.

**I have read and understand the client fee agreement.** I am responsible for all balances incurred by me. My signature below signifies that I have read, understand, and agree to abide by the above policies. I, the undersigned client, agree to grant my permission to charge my credit card for missed appointments or for appointments not cancelled in the timely manner described above.

- I grant my permission to charge my credit card.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Debit/Credit Card Authorization**  Visa       MasterCard       \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_

Street address of cardholders billing address: \_\_\_\_\_

Zip code of cardholders billing address: \_\_\_\_\_

Email address for receipt: \_\_\_\_\_