

Debbi J. Dunbar, MS, LPC

PARK PLAZA

2501 Parkview Drive | Suite 304 | Fort Worth, TX 76102 | 817.739.2421

www.debbidunbar-lpc.com

CLIENT FEE AGREEMENT

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

- \$175 for 50-minute Sessions
- Extended sessions will incur a cost at prorated amount in 15-minute intervals
- Extended sessions are available as therapist schedule allows; otherwise a follow-up appointment can be made.
- Payment is due before session begins
- Cancellations must be received **at least 24-hours in advance** of your scheduled appointment; otherwise you will be charged \$175 for the time reserved for you.

Please initial the boxes to confirm you fully understand the agreement. Ask any clarifying questions you may have.

For convenience many clients opt to keep credit card information on file. This information is kept in a secure password protected document. The section of this paper with your credit card information will be shredded.

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 appointments, as well as for appointments not cancelled in the timely manner described above.

- I do grant my permission to charge my credit card
- I do **not** 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: _____