

Solutions Family Therapy

Cancellation Fee

We request at least **24 hours** notice if the need to cancel or reschedule arises. A fee of **\$25** will be charged for a late cancellation or not showing up for a scheduled appointment.

The greatest outcomes of Therapy come when work is done outside of the session. You will be given work to do between sessions to assist in making changes that will lead to better results. **You determine the nature and amount of change you wish to make.**

Payment for Services

The fee for services is **\$175** for the Initial Assessment and for any 90 min. session. The fee for a regular session of 55min. is **\$125**. Payment is due at the time of service. Cash, check or credit cards are accepted.

Payment arrangements are as follows:

Self pay_____

Bill Insurance _____ ID # _____ DOB of Insured Person _____

DOB of Patient (if different than insured person) _____ Ref.# for EAP _____

Other _____

Signature _____

Date _____