Fee Agreement

Information, Card on File Request & PHI Disclosure

Client Name(s) and Date of Birth	Date of Agreement	Client ID

Payment for services are expected at the time of treatment. Fees are determined by the provider and are negotiated with the client at the time of intake. If at any time this fee becomes unreasonable, or your circumstances change, please inform me and we can always talk about temporary reductions if necessary.

Payment Methods

Currently, I only accept cash and all major credit and debit cards (Visa, Mastercard, American Express, Discover). I do not accept insurance payments, or charge insurances directly.

→ Unless you elect to pay cash for your therapy sessions, your name and information will be linked with this mental health business and disclosed to financial processors. This is a requirement, in that all payments are deposited to a business bank account, held with JP Morgan Chase Bank, NA, before they are made payable to personal accounts.

No-Show or No-Call Cancelations

I request that you provide at least 24hr notice of your inability to come to a session. Without prior warning, you may be charged up to the full price of the missed session. I understand that sometimes events happen that are outside of our control. Should you encounter an emergency, please let me know as soon as possible. Emergency situations will not be charged the No-Show No-Call cancelation fee. Emergencies are evaluated and considered on an individual basis and are not guaranteed to have waivers granted. It is your responsibility to contact me if any emergencies arise.

→ *Charges to Account Without Your Presence.* It will be requested that you allow me to retain a copy of a credit or debit card, for any fees associated with no-shows or cancelations. These charges will not be submitted until you have been aware of the charge (via phone call or email). Once you are notified, you will have up to 24 hours to dispute the charge, after such time the payment will be submitted. No charges will be made to your card on file without prior authorization, per this agreement.

_____ By initialing here, you understand that your credit or debit card on file will be charged, with 24 hour notice, for any cancelation or no-show fees that may be added to your account per the policy noted above.

Payment Details

Your fees have been determined as follows:

$_____ for the intake consultation and sessions thereafter (as agreed upon and necessary)

$ 50 per hour for documentation preparation, letter-writing, or any copying/preparation of materials outside of typical documentation procedures. This includes any requests for outside transfer/information or your requests to disclose or provide documentation.

- - - - - - - - - - - - - - - - - -

Only one client, the person who agrees to have their card on file, should sign below. They are accepting fiscal responsibility for any and all mental health services provided by Samantha Heuwagen, LMFT. Additionally, they agree to pay the above agreed upon rates, and confirm that they understand the cancellation and fee notice policy.

Client Written Name ☐ Check here if signing/consenting for a minor (<17 years of age)	Client Signature	Date
Samantha Heuwagen, MFT, LMFT Therapist	Therapist Signature	Date