



## Fee & Cancellation

### Investment

Initial Consultation **Free**

60 Minute Play Therapy session **\$100 (includes 1/wk, 15-20 min coaching with parent/guardian)**

60 min Adult Individual Psychotherapy session: **\$100**

60 min Youth Mentorship: **\$100**, parents/guardian provide youth with additional monies for session activities when meeting in the community (i.e., coffee shop, small snack purchases etc. Parents/guardian will reimburse therapist for mileage accrued during session to and from therapist starting/ending location.

Phone Consultation **\$1/min.**

Case Management: **\$1/min.**

### Fee Adjustments

I understand that although the private counseling practice of Brie Anderson-Feldman, MA, R-DMT EMDR I & II offers affordable fee slots, it is important to me to invest in my counseling with integrity, at a level that represents a serious commitment for my life situation.

Therefore, if I am able to pay the standard fee, I will do so. If not, I can request an affordable fee slot. I agree that if my finances change, I will let my therapist know so that my fee can be re-adjusted.

The following reflects the fees I have agreed to which accurately represents what I can pay with integrity knowing it accurately represents commitment for my current life situation:

\$ \_\_\_\_\_ 60 Minute Play Therapy Session

\$ \_\_\_\_\_ 60 Minute Family Play Therapy Session

\$ \_\_\_\_\_ 60 Minute Adult Individual Psychotherapy Session

\$ \_\_\_\_\_ 60 Minute Youth Mentorship

\$ \_\_\_\_\_ Phone Consultation

\$ \_\_\_\_\_ Case Management Services

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

### Client Payment and Cancellation Agreements



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- I agree to pay in full at each session
- I agree to be responsible for completing, filling & collecting third-party (e.g. insurance) reimbursement
- I agree to give 24 hours notice when canceling or changing an appointment to have my fee waived
- I agree to make full payment if I change or cancel an appointment without 24 hours notice.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date