



PSYCHOLOGIST-CLIENT FEE AGREEMENT

Between Dr. Spencer L. Griffith LLC and Client: _____

Agreed upon Usual & Customary session/assessment fee

\$ _____ for intake & \$ _____ per session or for assessment

Fee Agreement Policy Summary

- ❖ Fees for all services are due in full at the time of service, unless prior arrangements are made involving insurance billing or other 3rd party reimbursement.
- ❖ Co-payments are expected at the time of service.
- ❖ Payments may be made by cash, check, debit and credit card (Visa, MC, AmEx, Discover).
- ❖ Clients will be responsible for any returned check charges, collection fees and credit card penalty fees.
- ❖ Regardless of preferred payment method, a debit/credit card number will be held on file as a contingency for delinquent payments. This information is stored securely and will be destroyed after therapy has ended and any balances have been reconciled.
- ❖ Dr. Spencer L. Griffith LLC will make every reasonable effort to negotiate a payment plan to resolve past due balances. Should balances become delinquent and unrecoverable, a 3rd party collection agency may be used.
- ❖ A late cancellation fee will be charged for sessions missed without a 24-hour notice, with a one time exception. The Usual & Customary fee is due for each missed appointment thereafter.
- ❖ Past due balances aged over 60 days may be charged 1.5% interest rate per 30 days.
- ❖ All balances outstanding after 90 days will be charged to the client's credit/debit card.

I understand the above policies and agree to abide by them:

Signature: _____ Date: _____