



FEE AGREEMENT

Fees

The current fee for Individual Counseling and Parent Consultation is \$150/hour.

Any time added to sessions or check-ins or additional services will be pro-rated at 15-minute increments based on your fee rate.

Fee Adjustment

To better serve our community, Mindfully Me offers limited positions for sliding-scale services. If you are not able to pay the standard fee, you may request an affordable slot. If a slot is available, you and your counselor will adjust the fee based on your current financial situation. If your financial situation changes, you agree to let your counselor know so the fee can be re-adjusted.

The following reflects the fees I have agreed to pay which accurately reflects my current financial situation:

\$ _____ per _____ session

Split Fee

There may be times when the fee must be split between parents and/or guardians. In these circumstances, the fee split will reflect the Parenting Plan and legal decision-making rights. Each parent/guardian will be responsible for their share of the fee and their own check-in time, unless an alternative agreement has been reached.

- Split Fee determined by Parenting Plan: _____
- Other Agreement settled between parents/guardians (Please describe below)

Payment Information and Agreements

Mindfully Me utilizes an encrypted, electronic payment system for saved credit cards. You will be automatically charged after each session, sessions cancelled within the 24-hour window, and/or any additional services (calls/checkins lasting more than 15-minutes).

Insurance

I understand that Mindfully Me does not bill insurance directly or take third party payments.

- I do *not* have insurance and am knowingly and willingly electing to pay out of pocket for services provided by Mindfully Me, PLLC.
- I do have insurance and am knowingly and willingly electing to pay out of pocket for services provided by Mindfully Me, PLLC. My insurance provider is: _____

Acknowledgement

By signing below, I acknowledge that I have discussed this information with my therapist and agree to the above policies and agreements regarding Fee Adjustment, Split Fees, Additional Services, Insurance, and Payment.

Client or Parent/Guardian Name

Client Name

Client or Parent/Guardian Signature

Date