



TRADEPORT COUNSELING AND MEDIATION ASSOCIATES
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AGREEMENT FOR PAYMENT OF SERVICES

Counseling Services

I _____ agree to pay **Tradeport Counseling and Mediation Associates, PLLC (TCMA)** the amount of \$150.00 for each scheduled or arranged therapy session. This payment is due at the conclusion of each therapy session unless prior arrangements have been agreed to by the therapist. **I understand that if I wish to utilize insurance benefits for psychological services, I may do so, but that I am responsible for any amount not covered and paid by my insurance policy within thirty (30) days, and that I am expected to remit my co-pay or deductible at the time of service.** A therapy session is defined in this agreement as a fifty (50) minute period of time or any part thereof. Therapy time in excess of the first fifty (50) minute period immediately preceding it shall be computed in quarter hour increments. I also understand that:

1. Charges for professional or para-professional services are additional to the therapy process, such as:

a. Consultation with other professional or para-professional service providers on the client's behalf, which may include telephone calls, dictation of necessary correspondence, personal contacts, and/or court preparation and appearance are to be billed at \$150.00/hr.,

b. Should at any point a therapist at TCMA be subpoenaed by either party or either party's attorney to provide testimony regarding this case, I understand that these services cannot be billed to any third party. I agree to compensate the therapist for their time at a rate of \$150 per hour for any preparation time and at \$150 per hour for any time spent at court or travel time to/from court in the event that she is required to provide such services in response to a subpoena. I understand that expenses pertaining to preparation and anticipated court time must be paid **prior** to the therapist's court appearance.

2. If an appointment cancellation is necessary, it is the client's responsibility to notify the therapist at least twenty-four (24) hours prior to the appointment time. Failure to do so will constitute a "no-show" appointment and the client will be assessed a "no show" standard fee of \$150.00.

3. Should the client's check be returned to TCMA for non-sufficient funds (nsf) or for any other reason, a service fee of twenty-five dollars (\$25.00) will be charged.

4. All charges accrued for the services as noted in paragraphs 1, 2 and 3 above are the responsibility of the client, and are due upon receipt.

Please help our office go Green. For billing purposes, TCMA can send invoices through email rather than mail. I authorize Tradeport Counseling to send invoices through email: _____ (Initials)

Clients with any unpaid balances after 60 days may have services terminated or suspended.

I have read the above agreement and understand my responsibilities as set forth in this said agreement and will abide with the said terms as stated above. Your signature will help meet state requirements informing clients about the nature of our services and payment expectations.

Date: ___/___/___ Client Signature: _____

Date: ___/___/___ Clinician Signature: _____

TCMA STAFF

Tracey Tucker, LCMHC

Kit McCann, LMFT

Hayley Ringwood, LCMHC

Kate Knight-Dupris,
LICSW

Lauren Gulla, LICSW

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