

Statement of Personal Financial Responsibility

Fees: My fee is \$170 per individual 50 minute session and \$190 for couples and families. If we arrange a longer counseling session, the hourly rate will be prorated to establish your fee. Fees are subject to reasonable periodic increase, not more often than once in a 6 month period.

If you have qualified for a sliding scale fee slot, we have agreed upon a fee of \$_____ per weekly session. This fee is subject to reevaluation at such time as your financial situation changes. If you are paying a reduced rate I will revisit the fee with you if we choose to move sessions to every other week.

In the event of telephone counseling that extends beyond 15 minutes, the fee will be prorated based on your standard hourly rate. At some point, you may request my help away from the office (i.e. summary of treatment, assistance with written documents, etc). Because these special services can be time consuming, we will arrive at a mutually satisfactory fee for each situation.

Payment: Payment is expected at time of service unless other arrangements have been made. If I am seeing your child, please have the child bring the payment in with them at the beginning of the session. It is not uncommon for clients to request a hold on a check until payday later that week. I am more than willing to do this for you.

As payment I accept:

Cash – a receipt can be requested.

Personal checks – made out to “Kim Kerr, MFT.” There will be a \$25 service fee charged on the first returned check. A second returned check will have a \$35 service fee and future payment may be limited to cash only.

There might be a time when you forget to bring payment. I will request that you drop off payment before your next scheduled session. Please be courteous that my income comes from my practice. If payment is not received for services rendered, I reserve the right to not schedule another appointment until your account is brought current.

Payment Past Due

If payment is past due for over 30 days, I may choose to submit your name and amount owed to a collection agency. I may also choose to take you to small claims court. A 3% interest rate will be applied to all balances that are 30 days overdue.

If you have concerns or questions about payment and fees, I encourage you to discuss them with me. My policies are well defined because I love my job, and do not want to be a bill collector. Your understanding is much appreciated.

I have read and understand the Statement of Personal Financial Responsibility

Client (print)	Signature	Date
Client (print)	Signature	Date
Therapist (print)	Signature	Date