

Courtney Guess Counseling, PLLC
Courtney Guess, LCSW
3355 Bee Caves Road #508
Austin, TX 78746
512.730.0181

Counseling Fee Agreement

I. This agreement is entered into by Courtney Guess, LCSW and _____
please check: self or legal guardian of _____.

II. The responsible party agrees to the following:

- a) To provide payment of _____ per counseling session due at the time of service. Clients are responsible for payment of all fees even if planning to bill an insurance company for reimbursement, for which I will provide you a receipt at the end of each session.
- b) To provide **24 hours notice** for rescheduling or cancellation of an appointment. The **full appointment fee will be charged** for missed sessions without such notification. Please note that many insurance companies will not provide reimbursement for missed sessions.
- c) To provide full payment of unpaid balances before resuming services. Any balance unpaid longer than 30 days will be billed to you. Overdue accounts may be turned over to a collection agency as a final resort for non-payment.
- d) To inform Courtney Guess, LCSW of any changes to contact information (name, address, phone numbers).
- e) More than 3 consecutive absences of regularly scheduled appointments without notice and you will be considered administratively discharged from services.
- f) I strongly discourage using therapy as a tool for court cases. If I am ordered to appear in court, I require payment 72 hours in advance at the rate of \$300 per hour. This includes travel, preparation, consultation, appearances and time on-call. Clients are responsible for any legal fees I incur related to their case (litigation issues, lack of payment, etc.).

Office Policies

ANSWERING SERVICE: You may leave a message with my voicemail system 24 hours a day, seven days a week at (512) 730-0181. Messages left on my voicemail system after regular business hours (Monday through Friday 800a.m-400p.m) will generally be returned on the next business day.

EMERGENCIES: In the event of an emergency, please call the hotline at (512) 472-4357, 911, or go to your nearest emergency room.

This agreement is effective as of _____(date). This agreement will remain in effect until a new fee agreement is signed. Fees are subjected to change each year. Fees for services are due upon receipt of services.

Client Signature/Date

Therapist/Date