

**Laura Richter, Ph.D., LMFT
Relational Consultants Group, LLC**

Fee Agreement

I understand that the session fee is payable on the day of my scheduled session and charged to the credit card I have provided below. A therapy session is defined as a 60-minute session at the rate of \$200.00 per hour. 90-minute sessions are billed at the rate of \$ 300.00 per session. Credit cards, checks and debit card charges are accepted.

Session fees are refundable up to 24 hours prior to the appointment date and time. I understand I am solely responsible for payment in full at the time of service and that any sessions cancelled within 24 hours of the scheduled appointment time will be billed at the full session fee and charged to the credit card I have provided.

I understand that, if requested in writing, I will be provided with a monthly statement summarizing the cost of my session fees. Any insurance claims for reimbursement submitted to my insurance company are contractually between my insurance company and me; and that Relational Consultants Group, Inc. is responsible for and does not represent any contractual agreements for coverage and reimbursement. I understand that sessions are confidential to the extent allowed by law.

_____ Date: _____
Client Name

Signature

_____ Date: _____
Client Name

Signature

_____ Date: _____
Laura L. Richter, Ph.D. LMFT

Credit Card Number: _____ Expires _____ Security Code: _____ Zip Code: _____
