



Lyon Counseling, LLC
661 Seminola Blvd.
Casselberry, FL 32707
321-430-5966
jesse@lyoncounseling.care

FEES AND CHARGES:

1. Counseling and Psychotherapy fees are \$150 per 45 - 50 minute session. Sessions exceeding 50 minutes, you may be billed proportionally.
2. Telephone consultation and other professional activities rendered on behalf of the client are also billed. Short telephone "check-in" or scheduling coordination phone calls are never billed.
3. Payment is due at the time of service.
4. You will be given a receipt for insurance purposes. The assignment of payment to the therapist instead of the policy holder is agreed to by your signature below.
5. Co-payments (\$____) are sometimes established by your insurance company and will be due at the time of service.
6. In addition to the co-payment mentioned above, the balance of the fee not covered by your insurance is also billable. You will receive a statement including the amount due on your account, which is due at the time received.
7. Missed appointments, other than a genuine emergency or illness, will be billed at the rate of \$50 per occurrence, unless notification is made 24 hours in advance.
8. In a circumstance where problems are encountered in receiving payment for services rendered, you may be billed additional charges to cover the cost of time and expenses incurred to obtain payment.
9. For co-payments and payments made using a credit or debit card, a fee of \$5 per transaction will be applied. Payment made in the form of cash or check will not be charged this fee.
10. Services related to court cases, including preparation, conference calls and court appearances are billed at a fee of \$150 per hour and must be pre-arranged with the therapist.
11. Upon mutual agreement between therapist and client, letters of recommendation, assessment and for social security purposes can be written on the client's behalf. The therapist will provide these services at a charge of \$30 for a short, one page letter and \$50 for a longer more thorough letter.

I understand that Lyon Counseling LLC and its therapists are providing professional services to me and/or my family. I hereby agree to assume full financial responsibility for payment of all treatment charges incurred, as outlined above.

Signature of Responsible Party(s): _____ **Date:** _____