

Agreement for Services Provided

Therapy is a personal investment in one's own growth and overall well-being. It is expected that you will pay for the therapeutic services provided. The fee for service is **\$150.00 for a 50 minute** individual counseling session, and payment must be rendered at the end of each session. The fee for an 80 minute individual counseling session is \$270.00. The fee for couples counseling appointments are \$200.00 for a 50 minute appointment, and \$300.00 for an 80 minute appointment.

Limited sliding scale slots are available for students and/or new professionals (employed within the past three months), and the individual will be required to demonstrate significant financial need with supporting documentation (i.e. W-2 forms, payment stub, and/or student verification identification).

Please indicate if you qualify as a:

Graduate or undergraduate student with valid identification _____
New Professional with an offer letter or a payment stub _____

Payment can be made with cash, credit/debit card, or a personal check. If you have insurance coverage, your therapist will be glad to provide you with a receipt or statement satisfactory for filing your insurance claim at the end of each session or month. Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with your therapist.

If your therapist does not receive payment from you in a reasonable amount of time, she/he will use the information on file to collect the payment. It is your responsibility to inform your therapist of any changes to your financial information on file. If the payment is not received after this process, your therapist will contact a collection agency to collect payment. You will be informed of this process if this action is necessary, and you will be given adequate time to resolve the issue prior to your therapist sending your information to a collection agency.

Your clinical file will continue to remain ethically and legally confidential, but your name and address will be released to a collection agency in order to start the fee collection process. In order to avoid this process, please render payment in a timely manner and feel free to discuss your financial concerns or difficulties with your therapist. We will agree on an acceptable fee at the end of our first session.

After mutual discussion, we have decided that your fee for service will be \$_____per session.

****Please note that all fees will be subject to a cost of living increase each year in February. Your therapist will inform you of the increase in January of each year.*

Service Location: Santhi Periasamy Ph.D. P.L.L.C.
 3303 Louisiana St. Suite 200
 Houston, TX 77006
State License: TX- 33429

The signatures here show that my therapist and I have read, discussed, understood the information, and we agree to abide by the points presented above.

Client Signature: _____

Therapist Signature: _____