

FEE AGREEMENT

The responsible party and the therapist, Ashley Frantz, PhD, agree to the following fee agreement for treatment:

Documents/Letters: \$150 per hour (\$25 minimum)

Records: \$25 copy fee up to 50 pages

\$0.25 per page after 50 pages

\$25 per hour needed to copy

Plus, postage and handling (US Postal Service Priority Mail)

Initial Testing Evaluation: \$350.00

Psychological Testing: \$210.00 per test hour

Additional Testing Consultation/Report Review: \$210.00 per hour

Testing that requires travel may be charged up to an additional 2 hours (\$420.00)

Testing that requires travel will require a \$100.00 deposit at the time of scheduling

Testing deposit will be applied to the total fee after the appointment (total fee – deposit = remaining total)

Missed appointment or cancellation within 24 hours forfeits the deposit

Initial Clinical Evaluation: \$170.00

Individual therapy sessions: \$150.00 each

Initial Clinical Evaluation (couples, family): \$200.00

Individual therapy sessions (couples, family): \$175.00 each

Initial Clinical Evaluation (eating disorder specific): \$250.00

Individual therapy sessions (eating disorder specific): \$250.00 each

Telephone Calls: \$150 per hour (\$25 minimum)

\$75 per 30-minute call

Missed appointment fee (therapy): \$150.00 each

Cancellation within 24 hours of appointment (therapy): \$150.00 each

Missed appointment fee (testing): \$350.00 intake; \$210 each additional hour

Cancellation within 24 hours of appointment (testing): \$350.00 intake; \$210 each additional hour

Testing Materials Not Returned: \$350.00

Missed testing appointments that require travel will be charged for 4 hours testing (\$840.00)

The responsible party agrees to make payments in FULL at the time of each therapy session. The signatures below indicate both understanding and agreement with the above financial agreement.

Responsible party (printed name)

Responsible party signature

Date

Therapist

Date