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## Payment and Rate Agreement for My Professional Services, Informed Consent

Fees are based on the services requested and provided. Payment is always due prior to the start of our appointment. I require payment guarantee by having your **bank card physically on file. I do not file or accept Insurance, nor provide Super Bills.** Tell me if you plan to file with your insurance. Receipts are automatically available when you make your payments on line. You are advised to keep your receipts, by year, for potential medical expense tax deduction purposes.

For payment, I accept:

1. **Cash at the office; Pay Pal as a business service pymnt to my email.**
2. **A credible local check.** Any returned checks will have a \$40.00 fee due prior to your next appointment & you may become cash pay only.
3. **Credit/debit/HSA cards by prepayment electronically,** through my website appointment and payment software, **Square. Voluntarily choosing to leave this info electronically on file is YOUR accepting the risks of unforeseen data or security breaches.** Refer to SquareUp.com/security.
4. **Using the Square device in my office.** You can Dip your chip, Tap for contactless pay, or Swipe your magnetic strip; prior to the start of your session.
5. **Cards manually keyed in or processed by me, via Square. I reserve the right to charge the 3.5%+ service fees to the client/cardholder, especially for cancelation refunds.**

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## SHORT NOTICE CANCELATIONS (CX), NO-SHOWS (NS), & RESCHEDULING (R/S):

The appointment you set and agree to is YOUR responsibility. If you choose, my appointment software **Square**, will send you an **automated reminder** via email or text or both; this is your choice.

**Failed appointments:** short notice cancelations with no approved excuse or No-Shows have a fee = 50% of the planned session's rate. Things beyond your control can arise; I am understanding of these. Otherwise, **24 hours notice is required** to avoid the fee. **To CX or R/S on short notice** or during non business hours, please call & leave me a message. The **fee** must be paid prior to any future appts and can be **charged to your guarantee, your bank card on file with me.** Estimate \$55 - \$97.50.

Cancelations which qualify for a refund, will be made in a form at Rhonna's discretion. **I reserve the right to charge the service fees (approx 3.5%+) to the client/cardholder, especially for CX refunds.** Multiple late CX's, R/S's or NS's will indicate to me that you are not available for or invested in counseling/therapy at this time and our work will be suspended.

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**Rhonna W. Phillips**  
Counseling & Therapy Services, LLC

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**SERVICES AND THEIR STANDARD FEES:**

**INDIVIDUAL INTAKE** Session for Individual Adult, Child, or Adolescent: 80 min. \$135.00;  
**Individual Counseling/Therapy follow up** session: 50 min. \$110.00 or 80 min. \$165.00.  
**Individual ADHD Assessment:** 120 min. \$165.00.

Ex of average or commonly expected estimate:  $\$135 + 8 \times \$110 = \$1,015.00$

**CONJOINT (2 or more persons) INTAKE** Family/Couples Session: 80 min. \$145.00;  
**Family/Couples Conjoint Counseling Session:** 50 min. \$130.00 or 80 min. \$195.00.

Ex of average estimate:  $\$145 + 10 \times \$130 = \$1,445.00$

**Collaborative Divorce Coaching:** Orientation: no charge; Each Coaching Session: 50 min. \$200 or 90 min \$300; A retainer is paid up front for Case Management: 8 hours \$1,600.00. Cost estimate is greatly determined by couples' readiness for cooperation, collaboration, and compromise.

Please **DO NOT** send anyone in the place of, or in addition to, the identified client(s) who the appt is named for. Please discuss any substitution with me in advance. There are clinical reasons for this.

**Group Counseling/Therapy** Screening: 50 min. \$75.00;  
Group Counseling/Therapy Session: 80 min. \$65.00; 110 min. \$75.00.  
Ex of average estimate:  $\$75 + 10 \times \$75 = \$825.00$

**ALC Supervision** of a Counselor in training is preferred **by Cash or Check to avoid the fees.** My rates are already highly discounted in appreciation of the challenges of getting started.  
**Individual 1-1 or Mini Group of 2, face to face or virtual session:** 50-60 min. \$50.00; 80-90 min. \$70.00; 110-120 min. \$90.00; or **Group Session (3+):** 50-60 min. \$40.00; 80-90 min. \$55.00; 110-120 min. \$70.00. Required is 100 hours per License year. Estimate: 25wks of 2hrs x \$90 + 10wks of 2 hrs x \$70 = \$2,950 min - \$5,000 max/yr.

**HARDSHIP rates:** limited availability, case-by-case, temporary basis. **Cash/ Ck is** accepted.

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**OTHER FEES:**

**I charge for my time** spent pertaining to my client/s, other than the scheduling of appointments. Contact outside of sessions, of less than 10 minutes, will NOT be charged. **Longer than 10 minutes will be rounded to 15 min increments and charged** according to our contracted payment agreement, at the client's Counseling session rate, based on time spent.

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Outside-of-session fees for **crisis, safety, +/- or time sensitive** matters. Please, do not email or text, **CALL ME** for safety or time sensitive matters. CRISIS session rates are Individ/Conjoint pricing, the fee may vary according to appropriateness of the request. Ex of average estimate: 15 min @ \$110/hr = \$27.50. Or 30 min @ \$195/90 min = \$65.00.

**Case Management (CM) services** are common, unexpected, unplanned, or additionally requested services that fall outside scheduled appts. This includes by phone, email, text, mail, verbal- face to face or virtual. (These payments are due prior to sending out any requested information and before our next appointment).

**Consents for Release of Info (ROI):** Clarify intent/content, complete ROI form, scan/email, get signature/s, research/gather content to include, scan/email/mail, file.....  
15-45min...\$27.50 - \$97.50

**Letters:** Receive request, discuss necessity/intent, research content, address, ROI, draft, preview-prn, finalize, copy, mail/email, file...30-90min \$55.00 - \$195.00

**Consult:** For info pertinent to client- to/from Rhonna, ROI's, any communication mediums, travel x to attend, document, file. 15-90min \$27.50 - \$195.00

**Review of interpersonal communications** pertinent to client: (any medium ie: texts, screen shots, Co-Parenting App, emails, voice msgs...)receive, review, give feedback, education, coaching, advocacy, document, file. 15-90min \$27.50-195.00

**3<sup>rd</sup> party payor, insurance Super Bills (I do not elect to do):** Receive request, discuss intent/risks, ROI, id service codes if able, loc codes, finalize diagnosis (dx), id Dx's codes, research changes to any codes, consult prn, fill in form, create reusable template, copy, scan/email/mail to requestor, file. There is no guarantee of payor reimbursement. Fees apply for each attempt. 60min- 3hrs \$110 - \$390.

**Copies, Reports/Summaries, duplicate receipts:** Receive request, clarify, ROI, discuss limits to ROI, discuss intent/risks, address, review file, draft, make needed redactions, preview prn, finalize, make copies, send/email/mail, file. 30-90 min \$55-195.00

If you are involved in a **LEGAL matter** and I am requested by you, **subpoenaed** by your attorney or the opposing party's attorney, mandated to make a report to authorities, and/or ordered by a judge to respond in any manner, **my time** will be **charged for in 15 minute increments** according to our current contracted payment agreement. Ex of billable time includes: probe re que, clarify, ROI, research, consult/attorney fees, time communicating with/between attorneys +/- or clients, follow up, review of, create notes & copying your file, travel, deliver and/or mail/email, waiting on-site, consulting your attorney, giving a deposition electronically or in person, and/or Court, wait x, confer, testifying. Debrief: support, mging outcome complaints. Mileage will be billed at IRS reimbursement rates. Additionally, any professional consultations or **attorney fees incurred by me**, related to your case, will be **billable to you**. **Ex of minimal fees** - 5hr \$550.00 - ???\_ hrs \$\_\_\_??

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**VOLUNTARY:**

Unless required by a 3<sup>rd</sup> party, you are a voluntary participant. It is your choice to receive services with their corresponding costs. You are free to discontinue treatment at any time. You may also request modifications to our treatment modalities, frequency and/or duration of sessions, or rates, thus the costs. I am providing services, at a cost to you, but upon your request. Ultimately you are in control of the receipt of your mental health services and thus the expenses you incur.

A **Good Faith Estimate** is not a contract, it is only an estimate. The actual charges may differ from what has been estimated. As I get to know you better and gain more understanding of your situation and needs, I am better able to anticipate what services are needed, thus the potential costs. There are many factors that make the costs difficult to predict. Your or my availability, health or pandemic restrictions, transportation, preference for in person vs virtual, degree invested in treatment, our treatment approach, the severity of your symptoms, the mental health condition/diagnosis, your response to treatment, degree of compliance with appts, hmwk, follow through... Client's are encouraged to discuss any questions or concerns with me. You can initiate a dispute resolution process if your final fee is \$400 more than your GFE.

**COLLECTIONS:**

Reasonable notice will be given to you, including the opportunity to discuss a payment plan. I reserve the right to use any and all legal means to collect payment that is due to me. This may include billing you via certified mail, contacting your designated 3<sup>rd</sup> party payer, use of collections services, placing a lien on your property, small claims court and notifying the Credit Bureau. **By signing you are consenting to these disclosures.**

**Initial** \_\_\_\_\_

**Rhonna W Phillips, MA**

Licensed Professional Counselor in AL #1643, Supervisor in AL #466  
Licensed Marriage and Family Therapist in AL #230  
FEIN 812 843 123. NPI 1952855579

Rev 6-2022