



FEE AGREEMENT

CLIENT INFORMATION

Last, First Name: _____ Date of Birth: _____

OFFICE HOURS: We are generally open from 8:30 a.m. to 5:00 p.m., Monday through Friday except major holidays. Limited evening appointments are available. If you need afterhours, non-emergency assistance please contact the main office at (352) 373-8189 or info@villagecounselingcenter.net and someone will respond within 1-2 business days. If available, you can always email, text, or call your therapist directly. **Please call 911, 988 or your local crisis center in case of an emergency.**

FEES: Fees are based on the services provided. Sliding Scale/Discounted fees may be available for clients who meet specified criteria. If interested, please speak directly with your therapist or assessor, and be prepared to provide proof of income (ex. tax return, paystub) to receive a discount. Payments for services are accepted via check, cash, and credit card.

PAYMENTS: Full payment is expected at the time of service. If requested, we can provide a receipt (e.g., Superbill) which you can submit to your insurance company for possible reimbursement. Failure to pay for services may result in your services being suspended and/or monthly late fees until your account is paid in full. If the decision is made to submit your account to a collection agency, you will be responsible for any attorney and/or other fees incurred in collecting your overdue balance.

CREDIT CARD: All clients are required to keep an active, valid credit card on file. **Your credit card information will remain confidential and only used for charges incurred for late cancellations, missed appointments, returned checks, or past due account balances.** If your credit card on file is charged, you will be notified of the reason and fee amount charged. By accepting this agreement and submitting your credit card information, you are authorizing Village Counseling Center to charge the card as needed according to the terms specified.

CANCELATIONS AND/OR FAILED APPOINTMENTS: If you are unable to keep your scheduled appointment, please email/call/text your therapist directly or call the office at least 24 hours before your appointment time. If you fail to cancel your appointment at least 24 hours in advance you may be charged the full fee for the missed session. Clients who cancel and/or miss three (3) or more sessions will be suspended and/or unsuccessfully discharged from treatment.

CLIENT OR LEGAL GUARDIAN:

I have read this agreement, had the opportunity to ask questions and acknowledge that I can request a copy for my own records. **I understand all the terms of this agreement and my signature below confirms that I agree to adhere to all the conditions listed above.**

Signature: _____

Date: _____