

Rachael Patoray, LPC, ATR
Licensed Professional Counselor and Registered Art Therapist

503-462-7146

Fee Agreement

By signing the form below, you state your understanding of the following information:

The fee for individual counseling is \$150 for 60 minutes. Your fee is due and payable at the end of each counseling session. I accept cash, check, or credit card. I am happy to provide you a receipt and/or fill out an insurance claim form.

Every insurance company is different in regards to their coverage for mental health. I do suggest that you contact your insurance agency prior to our first session and inquire about your coverage. Insurance reimbursement is a contract between you and your carrier. I can not accept responsibility for you collecting an insurance claim or negotiating a disputed claim if the company fails to reimburse you.

I'm an out-of-network provider but I also provide a sliding scale payment on a case by case basis.

If you do not have the fee at the end of the session, there will be only one follow-up session scheduled until payment is received.

The fees associated with counseling are your responsibility. Refunds are not available.

If you are unable to make an appointment, 24-hour notice is required. If you do not give 24- hour notice, full fee will be assessed. If you do not show for an appointment, full fee will be assessed.

Services may be terminated at any time, for any reason by either client or therapist. I may refer you to another provider. It is your responsibility to arrange an appointment with that provider.

Fee for Services as agreed by therapist, Rachael Patoray, LPC, ATR and client:
\$_____ per 60 - minute session.

I understand the above guidelines and agree to the above per session fee:

Client:_____ Date:_____

Guardian/Parent (if under 18): _____ Date:_____

Therapist:_____ Date:_____