



Relational Consultants Group LLC
Laura L. Richter, Ph.D.
Fee Agreement

I understand that the initial session fee is payable in advance and charged to the credit card I have provided below. Initial session fees are refundable up to 24 hours prior to the appointment date.

I understand I am solely responsible for payment in full at the time of service and that any sessions that are cancelled within 24 hours of the scheduled appointment time will be billed at the full session fee and charged to the credit card I have provided below. A therapy session is defined as a 60-minute session at the rate of \$175.00 per hour. 90-minute sessions are billed at the rate of \$ 225.00 per session. Credit cards, checks and debit card charges are accepted.

I understand that, if requested, I will be provided with a monthly statement summarizing the cost of my session fees and that any insurance claims for reimbursement submitted to my insurance company are contractually between my insurance company and me; and that RCG is not responsible for and does not represent any contractual agreements for coverage and reimbursement.

I understand that sessions are confidential to the extent allowed by law.

Client Name Date: _____

Signature

Client Name Date: _____

Signature

Date: _____
Laura L. Richter, Ph.D. LMFT

Credit Card No.

Expires Security Code: Zip Code:
