AGREEMENT TO PAY FOR PROFESSIONAL SERVICES

I, the undersigned, request that BARBARA MELTON, M.Ed., LPC, LAC, provide professional services to me (and/or my child as designated below) as a client, and unless otherwise discussed, I agree to pay this therapist's fee for these services. My *general* fees are listed below:

Initial assessment (90 min.)	**$200***
50-60 min. therapy appt.	**125***
Mediation services	**175 hr.**
Visitation oversight	**100 hr.**
Guardian ad Litem	**100 hr.**
Travel costs	**25 hr.**
Report writing	**100 hr.**
Records/document review	**85 hr.**
Collateral communications	**100 hr.**
Court appearances/depositions	**150 hr.**
Copying costs	**50 cents per page**

For items marked by an asterisk, these fees differ markedly when contract rates with managed care organizations (MCO) and employee assistance programs (EAP) apply. You would only be required to pay the difference between the *contract rate* and what the MCO or EAP covers. In cases where insurance is being processed, this might be just a co-pay or a co-insurance fee.

I have been provided with this therapist's professional disclosure statement and agree to cooperate with and abide by all of its provisions as indicated by my signature below. If at any time, I am dissatisfied with this therapy I will fully discuss my views, reasons and plans with the therapist. If the client is a minor, I understand that while I have a right to general information on issues and progress, some information shared in this professional relationship may be held in confidence by the therapist and the minor child. I agree that this financial relationship will continue in effect with the above named professional as long as this therapist provides services or until I inform her that I wish to end it. I agree to pay for services rendered to this patient up until the time I terminate the relationship. I understand that I am responsible for charges for services provided by this therapist to this client, although other persons or insurance companies may make payments on this client's account as appropriate.

Signature: _____

Printed name: _____

Relationship to the patient: o Self o Other: _____

Date: _____

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