



FEE AGREEMENT

The Client _____ &/or Designee _____ hereby retains Dr. Savage to provide psychological/counseling services for: _____: Furthermore, the Client/Designee (parent, guardian, or other representative) agrees to pay for these services at a rate of \$ _____ per sessions for individual or family therapy, and \$ _____ per session for group therapy/counseling. The Client/Designee agrees to pay for additional services such as collateral consultations, report preparation, school visitation and extensive telephone calls at the individual therapy rate. If I provide forensic services, Fees for legal services (reports, depositions, consultations, testimony, review of records, etc.) are billed at \$ _____ per hour. The undersigned shall be responsible for payments relating to any of the above whether they are requested by the undersigned or necessitated by subpoena or other Court process, even though not at the request of the undersigned. The Client/Designee further agrees to pay for missed or canceled appointments per the aforementioned policy. The Client/Designee agrees that he/she is personally liable for the fees incurred and any insurance reimbursement will be paid to the Client/Designee unless otherwise arranged and noted below. If you are utilizing managed care, you are responsible for your co-payments and any additional charges for services rendered, that we agree you wish to receive, that are not payed by your insurer. I also reserve the right to alter your fees. However, if this were to occur, you would be given 30 days notification of any changes in your fees.

SCHEDULE OF PAYMENT

- Payment:** All sums due to Dr. Savage shall be paid by the Client/Designee at the time services are rendered unless otherwise arranged and noted below. If you are utilizing insurance that involves managed care, you are required to pay for your co- payments at the time services are rendered. If you agree to receive services that are not covered by your managed care company ie. extended counseling, psychoeducational testing, etc. you agree to be fully responsible for payment of those services.
- Late Charge:** Late payments in violation of the payment agreement or not payed by the end of the month after receiving our bill or otherwise noted herein will be subject to a finance charge of 1-1/2% per month (for an annual percentage of 18%).
- Failure to Pay:** The Client/Designee agrees that failure to pay for services as agreed herein may, at the discretion of Dr. Savage, be construed as a discharge of the mental health professional. The Client/Designee further agrees that in the event collection action becomes necessary to collect any money due under this Agreement, Client/Designee agrees to pay an additional amount due, as collection fees, attorney's fees, as well as costs of any suit. Client/Designee further agrees and consents to suit being filed in Montgomery County, Maryland, and waives any right to claim improper jurisdiction and/or venue. Should collection of your account become necessary, a release of information as stated below, would only occur fifteen (15) days after written notice is sent to your last known address. Although the content of communications between you and your therapist is confidential, it will be necessary to release to the collection source (e.g. collection service, attorney, etc.) your name, business and home addresses, telephone numbers, amount due, and the nature of the services that you received from Dr. Savage.

ADDITIONAL PROVISIONS: _____

Acknowledgment: Client and Designee acknowledges they have received, read, and consented to the conditions stated herein.

Client (Date) / /

Designee (Date) / /

Client (Date) / /

Designee (Date) / /

I, the therapist, have discussed the issues above with the Client/Designee (his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist
• Copy accepted by client • Copy kept by therapist

Date