

# Sylvia K. Neal, LCSW, PLLC

## FINANCIAL RESPONSIBILITY AGREEMENT

SYLVIA K. NEAL, LCSW, PLLC, fees vary depending upon the type and length of service, session time may include interviewing, therapy, planning, reports, dictation, related telephone conversations and any other time spent concerning the client. There may also be a charge for frequent or lengthy (greater than five or ten minutes) telephone contact with patients.

Type of Service	Amount
Intake Evaluation	\$100.00
Individual Psych 20/30	\$50.00
Individual Psych 45/50	\$100.00
Family Therapy w/o Patient	\$100.00
Family Therapy w/ Patient	\$100.00
Group Therapy	\$45.00

**It is expected that payment be made in full for the appointments fee. A charge of the full fee (for appointment at provider discretion) will be charged, for appointments not kept or cancelled less that 1 business day in advance. There will also be a \$35.00 fee for any returned checks.**

In the event that a client account must be referred to an attorney for collection, the responsible party agrees to pay all reasonable attorney fees and court costs.

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 I have read the above agreement and wish to continue with the evaluation and treatment. I agree to pay the fee specified above at the time of each appointment unless special arrangements are indicated below.

\_\_\_\_\_  
 Patient Name (Print)

\_\_\_\_\_  
 Signature of Responsible Party

I have received a copy of this agreement on \_\_\_\_\_  
Date

\_\_\_\_\_  
 Witnessed By

By special arrangements to the contract with Sylvia K. Neal, LCSW, PLLC, I have agreed to the following:

\_\_\_\_\_  
 \_\_\_\_\_