



Lisa Perry MSW, LCSW

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Fee Agreement

The fee for the initial visit is \$150 for 60-90 min.

The fee for individual service is \$125 per 50 min. session.

The fee for couples/family counseling is \$140 per 60 min. session.

Sliding scale offered at a rate of \$90 per individual session and \$110 per couples/family sessions for persons showing financial strain.

Out of network or full fee clients: Fees must be paid at the time services are rendered. If for any reason you find that you are unable to continue paying for your therapy, you should inform me. I will help you to consider any options that may be available to you at that time. If you incur an outstanding balance I will work with you to generate a payment plan. If you fail to adhere to the agreed payment plan toward reducing the balance I may take action to recoup money through a collection attorney after the balance has exceeded \$200.

If you choose to utilize your insurance company, an invoice will be provided to you for submission to your insurance company for reimbursement. Insurance plans generally cover specific diagnoses. You should understand the limits and scope of what is considered “reasonable and customary” to your provider as well as their reimbursement practices.

In-network clients: Please note that your insurance plan may require that you meet copayments and deductibles. It is your responsibility to understand these requirements as well as any other limits or guidelines as stated above. I am unable to guarantee whether your insurance will provide payment for the services; ultimately, you are responsible for payment of services rendered. Please discuss any questions or concerns that you may have about this with me.

Signing this fee agreement means that you have read and understood this and agree to pay the above stated amount for services rendered. It also means that you are aware and acknowledge that you are financially responsible for all services rendered.

(Client name)

(Signature & Date)

(Parent or Guardian signature & date) if client is a minor

(Therapist Signature & date)