

Gina Candelaria, M.Ed., M.C., LPC

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**Payment For Services**

Client Name: \_\_\_\_\_

**Fees:**

**Initial Consultation:** 90 Minutes      \$285.00

**Psychotherapy Session:** 50 Minutes      \$190.00

**Phone Consult:** 30 min \$100    45 min \$150    60 min \$200

**FEE:** The fee is \$190 per 50 min psychotherapy session.

Payment by credit card is expected at the time of service.

**24 HOUR CANCELLATION NOTICE:**

Please give 24 hour notice if you need to cancel or reschedule your appointment. Failure to do so, when not an emergency, will make it necessary for you to pay the full fee.

**Administrative Fees will be applied when you request information to be copied, sent or reviewed.** It is up to you to verify the charges at the time of your request.

I authorize Gina Candelaria, M.Ed., M.C., LPC, to charge my credit card for any fees owed at the time of service. These fees also include any appointments that I have failed to keep and have not cancelled or rescheduled 24 hours prior to the appointment time.

Credit Card # \_\_\_\_\_

( ) Visa

( ) MasterCard

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

