

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

Payment For Services

Client Name: _____

Fees:

Initial Consultation: 90 Minutes \$360.00

Psychotherapy Session: 50 Minutes \$200.00

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

FEE: The fee is \$200.00 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: _____

