

Novo Psychotherapy, LLC

1225 Johnson Ferry Rd., Suite 170, Marietta, GA 30068

#770-847-0358

FEE AGREEMENT

I understand that the fees for individual counseling appointments or medication management appointments are due at the appointment. Appointment charges can range from \$64 - \$144 depending on the type and length of session. Consultation appointments + report can range from \$150 - \$275 or more, depending on length of consultation. This fee is due at each session. Cash, check & credit cards are accepted forms of payment. Please make checks out to: Novo Psychotherapy.

Unless if paid by cash or check, I authorize Novo Psychotherapy to charge my credit/debit card for professional services. If incurred:

1. Missed appointments (no cancellation or cancelling less than 24 hours before appointment = \$100.
2. Telephone consultations that exceed 10 min.
3. Documentation preparation is charged at normal hourly rate.
4. Other requests requiring a significant investment of time to execute (e.g. disability forms), will be charged at normal hourly rate.
5. Returned check, full amount, plus \$25 per instance.

CREDIT CARD # _____

Expiration Date: (mm/yr) _____

3 (or 4 on AMEX) digit security code: _____

Client Signature: _____ Date: _____

Cancellation policy: I understand that I will be charged \$100.00 for my session if I miss my appointment without notice. Notice must be given PRIOR TO my appointment time; I agree to provide AS MUCH NOTICE AS POSSIBLE (minimum 24 hours notice), so that someone else who may be waiting for a cancellation can arrange to come in. Phone calls, emails, and/or voicemail messages are acceptable and preferred forms of cancellation. If I am more than 15 minutes late for an appointment without notice, I am not guaranteed that session and I will be responsible for the full fee for that time. By signing this form, I give permission for my credit card on file to be charged the late/no-show fee without me being present.