


JESSA ZIMMERMAN MA
ONLINE THERAPY FEE AGREEMENT

Appointments are either 50 minutes or 80 minutes long and are billed at the rate of:

Counseling sessions: \$185 for 50 minutes, \$300 for 80 minutes

Any work pertaining to legal proceedings: \$450 per hour

Rates are subject to change; they are evaluated periodically and may be adjusted up to 10%.

Sessions end on time, even if we are in the middle of something. This allows me to be on time for all of my clients. Emergency and professional consultation telephone sessions are billed at the same rate, in quarter hour segments, after the first 5 minutes.

Cancellation: You are asked to cancel any appointment at least 48 hours in advance. The full session fee will be charged for missed appointments and cancellations with less than 48 hour notice. Exceptions may be made, at my discretion, for emergencies.

Payment, via electronic invoice, must be completed prior to the beginning of the online therapy session. In addition, full session fees apply despite any technical difficulties that may arise.

Delinquent Payment: You are responsible for your account and are expected to pay for all services you receive.

This contract is exclusively with Jessa Zimmerman, MA. My work with you is as an independent practitioner and not in affiliation with any group practice, or other practitioner in this, or any other, building. Individual mental health practitioners assume no liability or responsibility for any other practitioner or group working in this office or building.

I (we) agree to pay the fees as listed above per psychotherapy session with Jessa Zimmerman, MA.

Having read the above contract, I understand my responsibilities for payment. My (our) signature(s) confirms acceptance of the above items and constitutes informed consent for psychotherapy without exception.

Name (Print)	Client Signature	Date
--------------	------------------	------

Name (Print)	Client Signature	Date
--------------	------------------	------

If a personal representative or guardian, on behalf of the client, signs this acknowledgement, please complete the following:

Personal representative's printed name: _____

Relationship to the client: _____