

Empowerment Psychological Services, PLLC

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FEE AGREEMENT FOR SERVICES

Therapy is a personal investment in one's growth and overall well-being. You are expected to pay for the client portion of fees at the time of service. The standard/self-pay fees for service are as follows:

Initial Diagnostic Interview: \$200
Individual Therapy Session (30 minutes): \$90
Individual Therapy Session (45-50 minutes): \$170
Individual Therapy Session (60 minutes): \$185
Family Therapy Session (45-50 minutes) 200
Late Cancellation/ No-Show: \$75

I am contracted with **Blue Cross Blue Shield** and **United Healthcare**. Coverage varies greatly between plans, please reach out to your provider directly to verify coverage details. If insurance declines to cover your visit(s) for any reason, you are responsible for the full amount billed. If you have insurance coverage from another provider, I will be glad to provide you with a receipt or statement satisfactory for filing your insurance claim at the end of each session or month.

You are responsible for any unpaid portions after insurance. Limited sliding scale fees are available for current clients experiencing financial strain with proper documentation. Sliding scale fees are subject to increase at any time and the discount will be terminated if the client is not consistent with appointments. Accounts become delinquent after (30) days of nonpayment. Fee for service and insurance copayments are due at the beginning of each session. Payment can be made with **Simple Practice via credit card, PayPal, Zelle, Venmo, cash or a personal check.**

Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with me.

After mutual discussion, you agree that your fee for service or copayment will be \$_____ per session.

Our signatures below indicate we have read, discussed, and agree to the terms discussed above.

Signature of Patient

Date

Name of Patient (*Please print*)

Piero Peirano Ambut, Psy.D.

Date