



**Stacey C. Stevens, MS, LMHC**

300 Center Rd.  
West Seneca, NY 14224  
(716)598-0063  
(716)677-0230 fax

**Consumer Fee Agreement**

**RE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The person (or parent/guardian of the person) receiving counseling/mental health services from Stacey C. Stevens, MS, LMHC is responsible for payment of services. If another person/agency assumes payment on behalf of the client as evident by signature on this document, they are then responsible for payment of services.

Please provide the name of your insurance provider in the event that you may be able to receive reimbursement. Please discuss with Stacey C. Stevens, MS, LMHC.

\_\_\_\_\_  
\_\_\_\_\_

Fee for services are identified below and are expected at the time of service unless other arrangements have been specified.

- \$90.00 Initial Intake
- \$80.00 Individual Sessions
- \$80.00 Family Sessions
- Additional fees will be applied for necessary expenses such as court appearances, treatment team planning meetings and report writing.

Forms of payment accepted include: cash, check, money order or pay pal\* (a \$0.50 service fee will be applied to pay pal billing).

A \$25.00 insufficient funds fee will be charged when applicable.

**24 hour cancellation policy** ~please call 598-0063.

I understand that failure to provide 24 hours notice may result in being charged a full fee.

I understand that it is my responsibility to comply with the terms of payment.

*I agree to discuss any concerns of financial hardship, or difficulty making payments, with my Counselor, Stacey C. Stevens, MS, LMHC, as they arise. This is important so as not to interrupt progress with my counseling services, and to allow time for appropriate arrangements including but not limited to alternative payment sources, sliding scale fee, and or more appropriate treatment options.*

\_\_\_\_\_  
Signature \_\_\_\_\_ date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Counselor Signature \_\_\_\_\_ date

For office use:

SS Rate: \_\_\_\_\_

Fee Schedule: \_\_\_\_\_

INS : \_\_\_\_\_

Payer: \_\_\_\_\_

Confidential

