

Fee Agreement

Name _____ Date _____

Please check one, fill in the amount of the fees agreed on, and sign below:

Christian has agreed, as indicated by his signature below, to bill my insurance directly. I have signed an additional form outlining the terms of this agreement.

I am using insurance and agree to bill them myself. I will pay Christian Wolff's full fee at the time of service by cash or check. I understand that some services may not be covered by my insurance policy and I might not be reimbursed for the services provided. I am aware that Christian has provided questions, available on his website (see above), which I may ask my insurance representative in order to assist me in being clear about my coverage. I am responsible for knowing the nature of my insurance benefits. Christian will show me how to fill out the necessary claim forms

I will not be using insurance and will be paying my fees directly. For psychotherapy or counseling or related matters which take place in the office during the appointment time, I agree to pay a fee of \$ _____ per 50 minute session and will pay these fees by cash or check at the time of service.

Most people will not use additional services. However, by signing below, I am acknowledging there may be additional fees and I agree to pay them. If the length of time required for the additional service is known, I agree to pay by cash or check at the time the service is provided. If the length of time or expense is not known, a retainer of fair estimate may be required (such as for a court appearance). Extra fees will never be charged without my prior consent. If unforeseen matters arise, I will not be charged until a reasonable attempt to discuss my wishes has been made such as in an urgency or emergency. In all cases, I understand that my privacy will be protected as outlined in Christian's Privacy Policy, Treatment Contract, and by applicable laws.

All extra services will be billed at the same rate as psychotherapy and counseling. These include, but are not limited to:

- Consultation: Any discussions by phone, email, or other forms of communication with any parties not directly receiving therapy services such as future or previous providers, third party providers, family members, and so on. This is not an exclusive list.
- Preparation of reports or letters.
- Review of documents.
- Court or legal testimony, preparation, travel and waiting time.
- Travel time for any off-site services.
- Expenses: These may include mileage, extensive office supplies, extensive therapeutic aides (such as guide books) and so on.

You will *not* be billed for:

- A brief phone consultation prior to your first session or the exchange of a few emails in order to agree to and make arrangements for treatment.
- Notes, phone calls, or other matters related to your psychotherapy or counseling which may reasonably be completed within the ten minutes before or after your session. The reason sessions are only 50 minutes long is so an additional 10 minutes may be used for related matters.
- Sessions which run overtime without your express consent or agreement to spend additional time.
- Very brief and infrequent contacts by phone or email with you or another party in order to confirm appointments, ask questions or make requests, etc.

By signing below, I am stating that I have read the above and agree to the terms:

X _____ Date: _____

X _____ Date: _____