

**Nancy J. Knudsen, M.Ed., LMFT**  
Licensed Marriage and Family Therapist  
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## SERVICE AGREEMENT AND POLICIES

Fees, billing and payment procedures, appointment scheduling, availability, and cancellation policy are important issues to anyone receiving professional services. They are presented to you in this written format for your careful consideration and examination.

### FEES

My usual and customary fee is \$130.00 for a standard hour session for an individual and \$150 for a couple or family. I offer a sliding fee scale to those for whom this fee presents a hardship. Once a fee that is mutually acceptable is arrived at, the fee will be set at that figure until or unless there is a significant change in resources. If there is insurance, I will bill the policy at my full rate or the contracted rate of the insurance company.

Lengthy telephone conversations with clients and oral or written communications with other professionals (attorneys, physicians, other therapists, school counselor, insurance companies, etc.) will be billed at the usual rate for a standard session prorated for the amount of time actually consumed. Since these charges are not covered by health insurance policies, they will be billed directly to you. There will be no charge for brief, routine telephone communications.

### BILLING AND PAYMENT PROCEDURES:

Payment is expected the day of services unless otherwise arranged.

### SCHEDULING AND CANCELLATION OF APPOINTMENTS:

All appointments are made directly by me. I appreciate that your time is important and will be as flexible as possible. I require 24 hours' notice (to me or to my voicemail) for cancellation of an appointment without a charge to you. Without such a notice you will be billed for the appointment no matter what the reason ( car problems, traffic, an unexpected conflict in schedule etc.) with the exceptions of extremely poor weather conditions that make travel unsafe or sudden illness.

Insurance companies will not pay for missed sessions, and thus you must be billed directly and pay for these sessions yourself.

I am sorry that I must charge you for these missed session, especially when you may have a very legitimate reason for missing the session. However, please understand that

when you make an appointment, you reserve the time so that it is not available for others. This time must be accounted for in some manner, and this 24-hour notice policy is the one employed by most therapists, as the most equitable manner of dealing with missed sessions.

The fee that we have agreed upon is \_\_\_\_\_.

I have read the above and agree to the terms.

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Signature

Date