

Stuart Lord, MA, LMFT (MFC 15429)  
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### Fee Policy

You are responsible for full and prompt payment for all services.

Fees generally are payable at the end of each session unless we have mutually agreed to other, explicit arrangements in advance. Fees for **Collaborative Divorce Coaching, Parenting Plan Consultation, and cases involving extensive collateral contacts** generally are paid by a retainer at the beginning of the processes.

The fee for **Collaborative Divorce Coaching** is \$200 per hour, billed in .1/hour (6 minute) increments.\*

The fee for other offered services is \$150.00 per hour (prorated at \$15.00 per .1 consultation hour).\* For my **preparing and distributing Memorandums of Understanding or other relevant documents**, for my **reading, viewing, or listening to material you have provided**, or for my **consulting by telephone, text, or e-mail** with you or your attorney outside of scheduled sessions (other than simple, brief communications, such as to schedule, change, or cancel an appointment) or with **collateral contacts**, the fee is \$150.00 per hour (prorated at \$15.00 per .1 consultation hour).\*

**I accept payments by Venmo (@Stuart-Lord-1), Zelle (510-543-8854), or by credit or debit card. \*Please Note:** a surcharge of \$5.00 per \$150.00 (prorated if less or greater) will be added to fees paid by **credit or debit card**.

Fees may be reviewed and changed periodically. I will inform you at least 60 days in advance of any fee increase.

**Cancellations/Missed appointments.** The time I have to see clients is valuable and limited; therefore, if you miss a scheduled appointment or if you cancel **less than 24 hours** prior to the appointment, you are responsible for the full fee.

**Insurance.** You may choose to use your health insurance to cover a portion of the fees. It is your responsibility to contact your insurance company and discuss the specifics of your mental health benefits prior to your first appointment with me. Some services may not be covered by your insurance. As a courtesy at your request, I will provide you with an invoice you can submit to your insurance company so that you can seek reimbursement. Be advised that most insurance companies require a mental health diagnosis to consider such claims.

**I read, understand, and agree to abide by these financial policies.**

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**Client Name (Print)**

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**Client Signature**

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**Date**