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Fee Policy

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

Except for Collaborative Divorce Coaching services, fees are payable at the end of each session unless we have mutually agreed to other, explicit arrangements in advance. Collaborative Divorce Coaching fees are paid by a retainer paid at the beginning of the Collaborative process.

The fee for **Individual, Couple, Family, or Reunification Therapy, Mediation, Co-parenting Counseling, and Parenting Plan Consultation** is **\$150.00 per hour (prorated at \$15.00 per .1 consultation hour)**.^{*} For my **preparing and distributing Memorandums of Understanding or other documents** for you and/or your attorneys, 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 as \$15.00 per .1 consultation hour)**.^{*}

***NOTE:** A surcharge will be **added \$5 per 50-minute session, \$10 per Collaborative Coaching hour, or \$0.50/.1 consultation hour**, if fee is paid by **credit or debit card**.

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

There will be a **\$30.00 charge for all checks returned by the bank**. 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.

Client Name (Print)

Client Signature

Date

Client Name (Print)

Client Signature

Date