

# Brooke Psychologists, LLC

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Licensed Clinical Psychologists

## GROUP THERAPY SERVICE AND FEE AGREEMENT

Client: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Fees for services:

- Group therapy sessions are billed at a rate of \$75.00 per session.
- A non-refundable deposit of \$150 is required to reserve a spot in the group. The deposit will be used towards the cost of the sessions if your child attends the group.
- The service fee for returned checks is \$20.

### **Please read and initial in the boxes below.**

I understand the above stated fees for services.

I understand that payment for services is due at the time of service. I accept full financial responsibility for all fees incurred.

I understand that once my child attends **two group** sessions that I will be responsible for paying for the remaining group sessions even if my child misses one or more sessions.

I authorize that any account balance outstanding after 30 days may be charged to my credit card.

### Payment Plan (Select one or both)

I intend to pay the session fee by cash or check at the time of service.

I request that my credit card or debit card is charged for each session fee at the time of service.

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will pay the \$150 deposit via  Enclosed Check (make checks to Brooke Psychologists, LLC)  
or  Charge my credit/debit card

### Credit Card Information:

I authorize Brooke Psychologists, LLC to charge this account for services according to the payment plan agreed above. Charges will appear on your statement as Brooke Psychologists, LLC.

Type of Card: Visa Mastercard Debit Exp. Date: \_\_\_\_\_

Card Account Number: \_\_\_\_\_ Signature Code (on back of card): \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

Address of Card Holder (if different from above) \_\_\_\_\_

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**Fax: 503-232-0791**

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Portland, OR, 97214**

**400 E. 17<sup>th</sup> St.  
Vancouver, WA 98663**

**What is the cost for the group?**

Each session costs \$75 and there will be eight sessions. Most insurance plans will pay between 50% and 90% of each session. Patients with Kaiser and Blue Cross Insurance can expect to only pay the co-pay per session.

**How do I reserve a place for my child in the group?**

Attached is my fee agreement form for the group. Please fill out the form completely and mail it back to me to reserve a space in the group. Please include a non-refundable deposit for the group of **\$150** (you can mail a check or indicate that I can charge your credit card). The deposit will be used towards the cost of the sessions. Space will be reserved on a first come-first serve basis.

**Do I have to pay for all group sessions even if my child misses a session?**

The group benefits from all members attending each and every group. A missing member has a significant effect on the overall tone and learning that can happen in the group. Also, in order to keep the group numbers small, I depend on payment from each group member for each group session. **Therefore, once your child attends two group sessions, you consent to pay for the remainder of the sessions.**

**What if my child is sick and can't attend a session?**

Your child may get sick and be too ill or contagious to attend a group session. Please, have your child stay home if he or she is sick both for your child's health and the health of other group members. However, payment will still be expected for the missed sessions. Please note that insurance typically won't pay for missed sessions.