

**Phoenix Therapeutic Solutions, P. A.**

**Dr. Andrea Cuva, LMFT, MCAP**

**954-870-0475**

**3038 N. Federal Highway, Suite F-2, Fort Lauderdale, FL. 33306,**

**101 Plaza Real S., Suite 226, Boca Raton, FL. 33432**

**Fee Agreement:**

You have requested psychotherapeutic services from Dr. Andrea Cuva, at Phoenix Therapeutic Solutions, P. A. This outline sets forth the financial agreement concerning this therapeutic relationship.

- 1) Unless otherwise specified, a fee of \$300.00 for the initial session (1.5-hour session) and \$200.00 for (50 minute) counseling sessions thereafter will be charged, as well as, an hourly fee of \$200.00 for cross-professional consultations, conferences, phone conversations, and other therapeutic services rendered by your therapist.
- 2) Clients are charged usual and customary fees for service and are expected to pay for such services at the time they are rendered. Most insurance companies will reimburse for psychotherapeutic services that are out of their network. In such instances, full payment is due at the time of service and insurance reimbursement will be sent directly to you from your insurance company.
- 3) You are responsible for the bill, not the insurance company. We will do everything possible to assist you in obtaining insurance reimbursement.
- 4) As your scheduled appointment time is reserved exclusively for you, a twenty-four hour cancellation policy will be in effect. If you must cancel an appointment less than twenty-four hours before the scheduled time, you will be billed the full fee. This fee cannot be billed to your insurance company and this policy would not apply if a true emergency came up. Emergency situations will be considered at the discretion of your therapist.
- 5) Unless otherwise arranged in advance with this office, accounts past due for more than ninety days will be turned over for collection. In the even this account becomes past due, you agree to pay all costs of collection including, but not limited to, interest, court costs, sheriff fees, collection fees, and attorney fees if necessary.

I have read, understood, and agree to these terms and conditions.

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Andrea Cuva, Ph. D., LMFT, MCAP**

PHOENIX THERAPEUTIC SOLUTIONS