



# DLR Counseling Group

C O U N S E L I N G   T H A T   M E E T S   Y O U   W H E R E   Y O U   A R E

**DLR COUNSELING GROUP, PLLC 1201 NORTH WATSON ROAD, SUITE 100-F, ARLINGTON, TEXAS 76006**

## **Payment Contract and Card Pre-Authorization**

Having requested services from DLR Counseling Group I agree to pay for services at the following rates and to abide by the terms outlined in this contract.

All appointments are generally 45-50 minutes and are billed on a per session basis. Payment is due at the time services are rendered. Sessions may be scheduled for a longer period of time and in such instances are billed on a prorated basis. If you call to cancel your scheduled appointment at least 24 hours in advance you will not be charged. If you provide less than 24 hours' notice, there will be a full-fee charge, emergency situations notwithstanding. Each such circumstance shall be evaluated and a determination as to the charge will be made at that time.

Clients will not be billed for brief, miscellaneous emails or concise phone calls regarding scheduling or other questions. However, we reserve the right to bill for excessive out-of-session communications or communications with other professionals, if that becomes a significant issue and will discuss it with you at the time should this become necessary. We do bill for any telephone conference with you or other professionals, which require formal scheduling on my calendar. Full payment is due at the time of service and DLR Counseling Group accepts cash, checks, and credit cards. Returned checks will be assessed a \$35.00 administrative fee for each occurrence. Delinquent accounts may be turned over to collection agencies for pursuit of outstanding balances. DLR Counseling Group, reserves the right to suspend services if there is an unpaid balance in your account.

### **Fee Structure:**

- **Therapy/Counseling for individual: \$ 110 per session**
- **Missed Appointments/Therapy Session/Intake: \$110-\$150**
- **Court Ordered Therapy/Counseling: \$110 per session**
- **Court Appearance/Deposition: \$250 per hour\***
- **Copies of patient records: \$50 plus handling and mailing for first 10 pages.**
- **Mental Health Assessment: \$150 per hour**
- **Disability Paperwork: \$150 for first 5 pages of assessment (will only consider after 3 months of continued therapy). Client will be evaluated quarterly at the same rate.**

\*Court/Deposition fees incurred include time for travel, preparation, and actual appearance time, billed at the stated hourly rate, with a 4-hour minimum charge (\$1000.00). Payment is due and non-refundable 48 business hours in advance. Any additional time spent on the day of the court/deposition appearance will be billed within 24 hours and is expected to be paid in full within 48 hours of the bill being sent. Out of pocket expenses associated with travel shall also be billed to you with the same expectations of payment. You are responsible for any legal fees that I incur as related to your case or treatment.

We request a minimum of 10 working days notice of any court appearance so that schedule changes for our other clients can be made with a reasonable time frame. Please note: if a subpoena is received without a minimum of 5 working days notice there will be a motion to quash the subpoena filed, you will be responsible for the cost of our legal expenses, and an additional \$250 express charge per staff member and/or your counselor must be provided not less than 5 working days in advance of the hearing. Failure to provide the fee as specified constitutes release from the requested appearance.



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Appearances in legal cases require clearing substantial time on our calendar as well as additional professional preparation time. For any requested appearance, subpoenaed appearance, settlement conference, or deposition the fee is \$250.00 per hour per staff and/or your counselor, with a minimum charge of \$1000.00 (4 hours) due upon subpoena. Please note: if an appearance request is received without a minimum of 10 working days notice, the appearance fee is due immediately with the appearance request. Failure to provide the fee as specified constitutes release from the requested appearance.

If staff and/or the counselor are subpoenaed and the case is reset with less than 72 hour notice prior to the beginning of the day of the scheduled appearance then you will be charged the minimum four hour appearance fee.

Fees for preparation time, report writing, and production of documents (as outlined in the counseling services advisement form) will apply as well. Additionally, clients are responsible for any and all attorney fees and costs that are incurred by this agency and/or the counselor as a result of the legal action such as filing a Motion to Quash. If your counselor or any member of our staff is requested to come to court either by you or another party you will be expected to pay for all of your counselor's professional time or staff member's time, including preparation and transportation costs. Because of the time and complexity of legal proceedings we require a retainer fee of \$1,000 for a half day that is paid in full upon subpoena. Failure to provide the fee as specified constitutes release from the requested appearance. Any additional time/expense your counselor or a staff member spends in case preparation, travel, and/ or witness time will be billed at the hourly rate of \$125.00 per hour. Your counselor will only testify to the facts of the case and the counselor's professional opinion.

You are expected to provide a copy of this advisement form to your attorney.

DLR Counseling Group appreciates the opportunity to work with you, and anticipates a productive, harmonious relationship. If you become dissatisfied for any reason with the services DLR Counseling Group has performed or the fees charged, we encourage you to bring your complaint to our attention immediately so that we can discuss it with you. If you have any questions regarding any fees that have been charged, if you do not contact DLR Counseling Group within thirty (30) days of receipt of your monthly invoice, the fees charged on your monthly invoice will be deemed to be earned in full and no portion will be refunded to you, even if DLR Counseling Group's treatment is terminated at a later date.

In the event you have an outstanding balance due that is more than sixty (60) days past due, you agree that DLR Counseling Group has the right to charge interest on any and all past due amounts at the maximum rate allowable by law. Any decision on the part of DLR Counseling Group not to charge interest under this provision in any given month does not constitute a waiver of DLR Counseling Group's right to charge interest on the entire outstanding balance in future months.

By signing this Client Information and Consent Form as the Client or Guardian of the Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health treatment and services for me (or my child if my child is the client) from Danny L. Ross, M.Ed., CSC, LPC. I understand that I may stop such treatment or services, not under court order, at any time.

**Pre-Authorization for Credit Card/Debit Billing**



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**I authorize DLR Counseling Group to keep my signature on file and to charge my card for all charges incurred for services provided by DLR Counseling Group.**

*(All clients are expected have a card on file regardless of insurance in the event of missed appointments)*

Cardholder's Name

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Cardholder's Billing Address

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City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Card # \_\_\_\_\_

CCV # \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Signature - I HEREBY CERTIFY that I have read and agree to abide by all of the conditions indicated in this contract.