



FEE CONTRACT

I understand the fee for services are as listed below. I agree to pay for all fees and charges for services provided by Sara Grout, LMSW, promptly unless other financial arrangements are agreed upon in writing. Payment for services regarding court testimony and written court reports are due prior to the service being completed. Charges on statements are agreed to be correct unless I protest in writing within thirty (30) days of the billing date.

90791	Psychiatric Diagnostic Evaluation		\$180.00
90832	Individual Psychotherapy	(16-37 minutes)	\$80.00
90834	Individual Psychotherapy	(38-52 minutes)	\$120.00
90837	Individual Psychotherapy	(53-60 minutes)	\$155.00
90847	Family Psychotherapy	(45-60 minutes)	\$120.00
90846	Family Psychotherapy w/out client	(53-60 minutes)	\$120.00
	Court Testimony/Disposition	(per hour)	\$125.00 + \$.40/mile
	Court Report		\$125.00
	Completion of FMLA or SSA paperwork		\$25.00
	No show fee (failure to cancel a missed appointment)		\$25.00