

### Fee Agreement and Financial Policy

Please review this Fee Agreement and Financial Policy as required via new legislation in Illinois for mental health provision of services. The below list reflects the most common request for services and does not reflect fee reduction due to insurance coverage. Additionally, some fees listed are not covered by insurance providers.

#### Initial assessment for Counseling/Therapy

- Individual/Couple/Family \$200

#### Routine and Ongoing Counseling/Therapy in office or video session

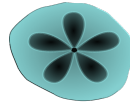
- Individual 45 min \$175
- Individual 50-60 min \$200
- Couples/Family 60 min \$200

#### Email, Telephone, Text Communications

- Initial consultation max 15 min Free
- Between session communication/consultation (min 15 min) 43.75 per 15 min  
Unrelated to re-scheduling/cancelations

#### Development and Distribution of correspondence/documentation/letters

- Development and distribution of report and/or recommendations on behalf of client or client requested for outside party \$50 per 30 minute/30 minute minimum



Court Requested/Required Services – Deposit may be required

- Court appearance/testimony on behalf of client minimum 1 hour  
\$175/hr +mileage
- Witness testimony for non-clients cost determined by time and content

Administrative Fees

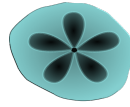
- Same day cancelations/no shows \$35 per occurrence
- Returned Check/Credit Card Chargeback \$35 per occurrence

By signing below I indicate I fully understand and accept that I will be expected to pay for services requested in full, or via insurance co-payment, co-insurance, or deductible at the time of service. Accepted methods of payment are cash, check, credit card via Simple Practice or Ivy Pay. Checks should be made payable to Buxton Counseling Services.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Michelle Buxton, LCSW



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