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PSYCHOLOGIST-CLIENT FEE AGREEMENT

Be	tween Dr. Spencer L. Griffith LLC and Client:
	Agreed upon Usual & Customary session fee
	\$200.00 for intake & \$150.00 per session
	Fee Agreement Policy Summary
*	Fees for all services are due in full at the time of service, unless prior arrangements are made
	involving insurance billing or other $3^{\rm rd}$ party reimbursement.
*	Co-payments are expected at the time of service.
*	Payments may be made by cash, check, debit and credit card (Visa, MC, AmEx, Discover).
*	Clients will be responsible for any returned check charges, collection fees and credit card
	penalty fees.
*	Regardless of preferred payment method, a debit/credit card number will be held on file as a
	contingency for delinquent payments. This information is stored securely and will be destroyed
	after therapy has ended and any balances have been reconciled.
*	Dr. Spencer L. Griffith LLC will make every reasonable effort to negotiate a payment plan to
	resolve past due balances. Should balances become delinquent and unrecoverable, a 3 rd party
	collection agency may be used.
*	A late cancellation fee will be charged for sessions missed without a 24-hour notice, with a one
	time exception. The Usual & Customary fee is due for each missed appointment thereafter.
*	Past due balances aged over 60 days may be charged 1.5% interest rate per 30 days.
*	All balances outstanding after 90 days will be charged to the client's credit/debit card.
	I understand the above policies and agree to abide by them:

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Signature: ______ Date: _____