

Journey To New Beginnings, PLLC
5627 Getwell Road
Building C., Suite 2
Southaven, MS 38672

Counseling Services Agreement (Adult)

This Counseling Services Agreement ("Agreement") is made between Journey to New Beginnings, PLLC ("JTNB") and _____, (the "Client") who is being counseled by JTNB effective this ____ day of _____, 20____. This Agreement sets out the conditions of service and fees that will be charged to the Client for the services described.

1. JTNB, except for holidays, will be open Monday through Friday. The hours during which counseling services are available will vary according to the schedules of the professionals who provide the services.

2. The Client will be charged \$200.00 for the initial intake assessment with a Therapist, Social Worker, or Psychologist and \$250 for a Nurse Practitioner or Psychiatrist. Individual, family and couples therapy will be charged to the Client(s) at the rate of \$150.00 for each 45 minute session. Medication management or follow-up visits for medication management will be charged at the rate of \$175.00 per visit.

3. The Client is responsible for paying the fees of any JTNB Therapist, Social Worker, Psychologist, Nurse Practitioner, Psychiatrist or employee for time spent relating to any legal matter involving the Client. The fee is \$150.00 per hour for preparation, review of materials and travel and \$250.00 per hour for time spent waiting to testify and while testifying at a deposition, hearing or trial. At least three full business days in advance of the hearing or testimony Client must pay a retainer fee set by JTNB. The retainer fee will be based on an estimate of the time that will be involved. If the legal matter is not canceled at least two full business days prior to the scheduled date, the minimum of \$500.00 will be charged to the Client. The fee of \$150.00 or \$150.00 per hour, whichever is greater, will be charged to the Client for all letters or correspondence between a JTNB professional and attorneys, the Youth Court, a Guardian Ad Litem, etc.

4. The Client is responsible for paying attorney fees and other expenses of any nature that JTNB and/or its Therapists, Social Workers, Psychologists, Nurse Practitioners or Psychiatrists incur in connection with any legal matter or court proceedings related to care or treatment of the Client. Client understands and agrees that JTNB will seek to quash any subpoena for information relating to the treatment of minors if, in the sole discretion of JTNB, the disclosure would be harmful to the minor under treatment.

5. As a service to you, JTNB will bill insurance companies and other third-party payers, but cannot guarantee such benefits or the amounts covered, and JTNB is not responsible for the collection of such payments. The Client is responsible for obtaining any pre-approval or pre-certification before seeking services by JTNB. In some cases insurance companies or other third-party payers may consider certain services not to be reasonable or necessary or may determine that services are not covered. In such cases the Client is responsible for payment of these services. Insurance deductibles and co-payments are due at the time of service. All insurance benefits to be paid will be assigned to JTNB (by an insurance company or third-party provider) by the Client unless the Client pays the entire balance at the time of each session.

6. If this account is provided to an attorney or a collection agency for collection or otherwise is litigated, the Client (or responsible party) agrees to pay all costs of collection including without limitation costs of the action and reasonable attorney fees.

7. Telephone consultations exceeding 5 minutes may be charged at the rate of \$150.00 per forty-five (45) minute session or fraction thereof.

