



INSTITUTE FOR PRACTICAL LIFE

"your place for psychotherapy and wellness"

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www.practicallifepsychotherapy.org

- **Service Dog Registration Certificate:** \$75.00 USD (certificate + ID Card): \$95.00 USD.
- **Community Plan:** \$65.00 USD (30-45 minutes).
- **Life Skills Coaching:** \$65.00 USD (30-45 minutes).
- **Recovery Program:** Provides up to five individual therapy sessions per week, 45 minutes each session \$395.00 USD per week, and daily access, up to three times daily, to your therapist, via text messages for additional support (ask for details). We are not medical doctors and we do not prescribe medication.
- **Counseling Sessions:** Clients must pay for services at the beginning of each session. If a client is insured for mental health services and has a copay, the copay is due at the beginning of each session. A sliding scale based on the ability to pay for services is also offered for those clients falling into the low to moderate-income levels and for those clients that prefer not to use their mental health insurance. If the client chooses not to provide income verification, the client will be billed at \$135.00 USD per session.
- **Cancellation and Missed Appointments:** Clients must cancel sessions 24 hours in advance, or they will be charged a flat fee of \$65.00 USD for the missed session. Clients who cancel and /or miss three consecutive sessions, upon written notification, will be placed on the waiting list and will be given an outside referral.
- **Court Evaluations/Documentation:** The fee for document preparation is \$280.00 USD. The evaluation fee must be paid before the release of the Court Evaluation Report. The fee for a simple one-page counseling letter is \$30.00 USD.
- **Transferred or released records to outside agencies or persons:** A written, dated, and signed consent form must be obtained from the client or legal guardian prior to the release of the client's file. A service fee of \$30.00 USD will be charged for records release, not to exceed ten pages.
- **Returned checks:** Clients are responsible for any bank fees incurred due to returned checks. A bank service fee of \$65.00 USD per check will be charged to the client.
- **Account servicing fee:** All overdue invoices will be charged a 15 percent late fee, applicable to all past due accounts.

Our payment terms are "net (10) ten days". Prices are subject to change without notice.
 In the event that this account is placed with an attorney or collection agency because of an unpaid balance remaining on my account, I hereby agree and promise to pay a collection fee of \$50.00 USD or 20% of the total balance due, whichever is greater, upon placement with an attorney or collection agency because of an unpaid balance remaining on my account.
 Any refunds will not include any the transaction fees charged to use by the third this third-party credit card processor company, that includes a flat fee, and a percentage of the initial transaction.

(X) Initial here to acknowledge you have read and understood the above statements:

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Guarantee: VISA / MC / DISCOVER / AMERICAN EXPRESS

Name on the card:

Account number:

Security code: Expiration date (mm/yy):

Billing address:

Apt.: City: State: Zip:

Phone: Email:

I, , authorize Institute for Practical Life to charge my credit card above for agreed upon services. These charges include deductible costs or co-insurance / co-payments once the deductible has been met. I understand that my information will be saved to file for future transactions on my account.

Initial here to acknowledge you have read and understood the above statements: