

*Stacy M. Husebo, MSW, LICSW  
Psychotherapist  
2727 E. 26<sup>th</sup> Street, suite #19  
Minneapolis, MN 55406  
stacyhusebo@hotmail.com*

**Fee Agreement**

**Fees and Payment:** The fee for a 55-minute consultation is \$175.00. If this fee is a barrier to your receiving mental health services, a reduced fee may be negotiated at the time of the first treatment session. You are responsible for paying your full fee at the end of each session.

**Cancellation policy:** You are responsible for payment for sessions cancelled with less than 24 hours notice. Appointments cancelled with less than 24 hours notice will be billed at your full fee.

**Insurance:** In many cases I can bill as an out of network provider with insurance companies. I accept out of pocket payments using cash/check or credit card. I can also submit receipts for out of network insurance billing.

**Adjustment of fee:** Checking this box indicates that you have negotiated a reduced fee with your therapist because the fee is a barrier to your receiving mental health services.

**Agreed upon fee:** \$\_\_\_\_\_ I will readdress the fee every six months and/or as circumstances change, such as employment (**Patient Initials**\_\_\_\_\_).

Primary Care Physician Name and Location: \_\_\_\_\_

Primary Care Physician Contact Number: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance ID \_\_\_\_\_

Insurance Group Number \_\_\_\_\_

Insurance Customer Service Phone \_\_\_\_\_

**I have read and understand the fee agreement.**

\_\_\_\_\_  
Psychotherapist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date