

Daniel Legerski, Psy.D., L.P., LLC
5200 Willson Road, Suite 205
Edina, MN 55424

**FEE AGREEMENT FORM
&
CONSENT FOR SERVICES**

The fee for the initial one hour (50 minute) intake assessment is \$275. Psychotherapy sessions and other services are charged at a rate of \$170 per 45 minute session and \$230 per 60 minute session. Phone conversations that last longer than 15 minutes result in a charge. I do break down the hourly rate for services that do not last an hour.

Additionally, if you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$425 per hour for preparation and attendance at any legal proceeding.

You understand that if you miss an appointment without notice or cancel without good cause less than 24 hours prior to the scheduled time, you will be responsible for the cost of the session. Insurance will not pay for these charges. The occurrence of three failed appointments without notice will result in the reassessment of the terms of this agreement and any services that you are receiving.

All co-pays are due at the time of service. Additionally, you agree to pay your account within 30 days after the insurance payment has been received. In the event of nonpayment you understand that Dr. Legerski has the right to turn the account over to a collection agency for follow-up.

By signing below you are consenting to begin evaluation and/or therapy services with Daniel Legerski, Psy.D., L.P..

Your signature also acknowledges that you have received both the Minnesota Notice form for HIPPA requirements and the Therapist/Patient Agreement Form.

Client's Name: _____

Signature: _____ Date: _____

(Circle Parent or Guardian if Client is a minor or incompetent)

Dr. Legerski Signature: _____