



the mindful maple
CHILD COUNSELLING AND SUPPORT SERVICES

FEE AGREEMENT

FEES

As the parent or legal guardian of your child, you are responsible for payment of all fees. The fee for each _____ counselling session is \$ _____ plus GST, per 50 minutes. These rates are subject to change with the changing market and clients will be notified of any changes in rates. Payment can be made by cash, credit card, e-transfer, or PayPal transfer at the time services are rendered, unless it has been agreed otherwise. If submitting a claim to your insurance company, a receipt will be provided to you in order to submit to your insurance. Please check your coverage carefully by contacting your insurance provider prior to scheduling counselling sessions.

CANCELLATION POLICY

I require **48-hours** to cancel a session **without charge**. In the event that you cancel a session with **less than 48-hours' notice**, I will make every effort to reschedule your appointment during the same week without being charged a cancellation fee of **one half of your regular session fee (\$ _____, plus GST)**. Missed appointments or cancellations with **less than 12-hours' notice** are subject to the **full cost of your regular session fee (\$ _____, plus GST)**.

OUTSTANDING FEES

Outstanding fees will be the responsibility of the parent or legal guardian of the client. I appreciate my clients and hope that you will be satisfied with your services provided by The Mindful Maple. I ask that you show your appreciation by paying in a timely manner. If you fail to communicate with me about your bill or do not follow through on payment, I reserve the right to release your information to a collection agency to collect unpaid fees due to an outstanding balance. You may be refused service for non-payment of fees.

The Mindful Maple

Email: info@themindfulmaple.com | Website: www.themindfulmaple.com | Phone: 778.987.8544



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SIGNATURES

My signature below indicates that I understand that I have read and fully understand the information presented in this document. I am responsible for a fee of \$_____ plus GST, per 50 minutes. This fee may be renegotiated in a new Fee Agreement, if needed. I understand that fees are due at the time of each scheduled session, unless other arrangements are made in advance. Furthermore, I am aware that, in the event of nonpayment, my information may be released to a collection agency to collect unpaid fees.

Name

(please print)

Date

Signature