



Michelle Panzarella, LCSW, MA (LCSW # CSW004963)
12579 Huntington Trace, Alpharetta, GA 30005
C: 770-355-5610

TGIF Counseling Fees and Financial Agreement

TGIF Counseling, LLC provides cost effective, in-home psychotherapy on a sliding scale to individuals, children, and families needing assistance in addressing the various issues in their lives. No insurance is accepted but the therapist can provide you with an invoice or receipts monthly to submit to your insurance company as an "out-of-network" provider (upon request). Therapy can be costly and money can be tight...keep in mind that counseling is an investment in yourself and in your relationship(s) that leads to healing and it can transform your life. Initial 20 minute phone consultation is free.

- *TGIF Counseling rates are as applies: \$150 per session. Fees will be adjusted and documented if sessions are shorter or longer in duration.*
- ***All fees must be paid at EACH SESSION -- Cash, check, debit/credit card, Paypal, and Venmo are all acceptable forms of payment.***
- *Clients may receive receipts to submit to insurance company for reimbursement. Therapist will provide specific receipts for insurance purposes at the beginning of each new month for the month prior.*
- ***CANCELLATION POLICY: Clients can cancel or reschedule an appointment anytime, as long as you provide 24 HOUR NOTICE. If you cancel with less than 24 hours, the 1st cancellation is free; 2nd and subsequent cancellations that are LESS than 24 hours, you will be charged your FULL FEE for the missed session. So please, do YOUR BEST to cancel in ADVANCE. Instead of cancelling, a phone or online session is highly encouraged.***
- *Any phone calls that occur that are over 20 minutes in duration, the client will be charged the regular session fee.*
- *Client may make prior arrangements with therapist to have phone sessions and/or online sessions if needed such as in the case of illness, vacation, out-of-town business trips, or other reason that would prevent an in-person session. Regular fee applies.*

Financial Agreement: *By signing below, I agree to the above billing and cancellation policies and understand that payment (cash, check, or debit card) is due in full at the time of session. The agreed upon fee per session is _____.*

Client Print Name: _____

Client Signature: _____

Date: _____