

Sivan Rose Elefson, LMHC, R-DMT | dance/movement psychotherapist

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FINANCIAL AGREEMENT

Client agrees to pay \$120.00 per individual, \$130.00 for couples, and \$150.00 for family therapy session in the office, over the phone, or on Skype. Sliding fee available based on financial need.

If a session cannot be billed (as stated in the cancellation policy), I will be charged the full fee of the session. Appointments cancelled with less than 24 hour notice will be subject to this fee as well.

I am responsible for the entire balance of services performed regardless of whether there is insurance coverage. Secondary insurance will be billed as a courtesy.

There is a \$30 dollar fee for all return checks.

Phone contact, beyond making appointments, will be billed in 15- minute increments at \$30.00.

Fees for service are due at the beginning of each session. If records are requested, there may be a fee for duplication. This will be discussed on an as needed basis. Client has read and understands the above statements on these pages and agrees to the conditions stated.

Client (if over the age of 18)	Date
Minor Child's Guardian (if client is under the age of 18)	Date
Therapist	 Date

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