

Kelly Bernstein, MS, LCDC, LPC
Alamo Heights Forensic and Individual Therapy
1600 North East Loop 410, Suite 112
San Antonio, Texas 78209
Office: (210) 265-1952 Fax: (210) 267-1653
kelly@alamoforensic.com

FEES AND POLICIES

When an Appointment or Court Appearance is scheduled, that time is set aside specifically for you.

Initial each section. Sign and date the document in the space provided.

INITIAL The fee for a missed appointment or an appointment cancelled within 48 hours of the scheduled appointment time is equivalent to the full price of the appointment.

INITIAL Court Appearances/ Testimony require a minimum \$600 initial retainer (covers first 2 hours), then \$300 per hour (door to door).

INITIAL Court Appearance/Testimony deposits are non-refundable and apply to a specific scheduled court date. The client forfeits the \$600 minimum retainer when Kelly Bernstein, MS, LCDC, LPC has not been informed of a cancelled court appearance at least 48 hours prior to the scheduled Court appearance.

INITIAL If the therapist is requested to consult/testify in a non-court setting (example: Mediation), a fee of \$300.00 will be billed.

INITIAL It is the responsibility of the client to always keep personal contact information current. Any cancellations or missed appointments due to a client's personal information being outdated are subject to the above-stated fees.

INITIAL The client agrees to keep a current, active, and open credit card on file with Kelly Bernstein, MS, LCDC, LPC. If the client does not or cannot supply a credit card on file, they will **instead** provide a \$2000 retainer.

INITIAL The client agrees to have fees for services rendered, cancellation fees, and missed appointment fees charged to their credit card on file. This includes fees for phone calls, voice mails, text messages, emails, client communications, attorney communications, preparation of documents, review of documents, preparation for Court appearances/testimony, etc. as per "Payment Terms".

INITIAL Excessive cancelled, re-scheduled, or missed appointments may result in termination of the counseling/therapy relationship.

INITIAL All of the client's questions and/or concerns regarding the information listed above have been addressed to the client's satisfaction.

Client/ Responsible Party Signature

Date