Connie Hornyak

1000 Quail Suite 242
Newport Beach 92660
Phone: (714) 785-3407
FAX: (714) 202-3715
conniehornyak@icloud.com

Fee Agreement

I (We), _____ agree to pay for the

treatment of _____ by Connie Hornyak, LCSW.

I (We) agree to be responsible for payment to Connie Hornyak, LCSW, for all services rendered. I (We) understand that Connie Hornyak, LCSW, will assist me (us) in collecting insurance reimbursement, but that I am (we are) ultimately responsible for obtaining this reimbursement. Costs of sessions are as follows:

PSYCHOTHERAPY FEES

Individual or Family Psychotherapy, 100 minutes	$320.00
Individual or Family Psychotherapy, 75 minutes	$240.00
Individual or Family Psychotherapy, 50 minutes	$160.00
Individual or Family Psychotherapy, 25 minutes	$ 80.00
Individual or Family Psychotherapy, 15 minutes	$ 40.00
Three-session assessment (75 min. each session)	$720.00
Three-session assessment with report	$975.00
Court reports, time spent in the Courtroom or waiting outside, preparation, being on call, and travel per hour	$320.00

There is a four-hour minimum charge for Court related matters, payable one week in advance, by cashier's check or credit card only.

PAYMENTS & INSURANCE REIMBURSEMENT:

Clients are expected to pay their fee at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, and travel time will be charged at the same rate. Please notify your therapist if any problem arises during the course of therapy regarding your ability make timely payments. Health insurance is a contract between you and your insurance company. Patients who carry insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. You will be provided with a "superbill" that you can submit to your insurance company for reimbursement.

CANCELLATION:

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. The full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above Fee Agreement. I understand and agree to comply with it.

Signature	Name (print)	Date	Relationship to client:
Signature	Name (print)	Date	Relationship to client:
Therapist's signature		Date	

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