

**Theresa Price Aaron, L.C.S.W.**

700 Harris Street, Suite 201B

Charlottesville, VA 22903

(434) 220-4611

**Fee Agreement**

**Fee agreement.** I understand that I will be charged a fee for the services that are being provided by Theresa Aaron, LCSW. I understand that my insurance will be billed for these services, but that I may also be responsible for a portion of the payment. I understand that I am responsible for any fees that are not covered by my insurer. I also understand that I am responsible for any required co-payments and deductibles.

You may pay each session if you prefer, or you may pay monthly upon receipt of the monthly statement. If you fall behind in your payments and have made no alternative payment arrangement, I may use a collection agency and you will be responsible for paying all collection fees and court costs that might accrue. There is also a \$25.00 returned check fee for checks written with insufficient funds.

I understand that I will be responsible for a payment of \$40.00 for scheduled appointments that I do not cancel at least 24 hours in advance. I also understand that repeated cancellations or rescheduling may result in losing my established appointment time. (note: you will be advised of this change in advance).

I authorize the release of any information necessary to process insurance or other third party claims.

Please indicate by your signature that you have read and understand the above statement:

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Name

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Signature

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Date

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**Emergency Information**

**What to do in an emergency:** As the provider of outpatient psychotherapy and evaluation services. I will not be in a position to provide emergency psychological services (e.g., those provided in a psychiatric hospital setting) or crisis intervention. I will return any emergency phone calls to my office in a timely fashion, but it is essential that in an emergency situation, proper action be taken to ensure the safety of you or your child. In the event that you have concerns regarding the immediate safety of yourself or your child (i.e., in the event that you or your child are considering acting upon thoughts of self-harm or harming others), it is important that you contact the University of Virginia Emergency Department at (434) 924-2231, or call 911.

Please indicate by your signature that you have read and understand the above statement:

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Name

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Signature

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Date