

**Valeri Liebig, M.A., LMFT# 128952**

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**CURRENT FEE SCHEDULE**

PLEASE READ AND SIGN THE CURRENT FEE SCHEDULE PRIOR TO THE FIRST SESSION. IF THE CLIENT IS UNDER 18 YEARS OF AGE, THE AGREEMENT MUST BE SIGNED BY THE PARENT OR GUARDIAN.

Below is my current fee schedule:

50-minute initial diagnostic interview \$160.00

50-minute individual session \$160.00

50-minute joint marital session \$175.00

Court depositions/preparation of documents/testimony per hour (door to door) \$350.00

Missed sessions (or cancelled less than 48 hours) \$160.00

If you believe your insurance company may reimburse you for your visits, please mention this during our intake session. I will be happy to provide you with receipts to assist you in gaining reimbursement. I do not accept assignment; therefore, *payment of all fees is the responsibility of the individual signed below at the time services are rendered.*

I have read the above fee schedule (including the 48-hour cancellation policy) and agree to its terms and conditions. By signing this agreement, I accept responsibility to pay these fees as services are rendered. I also understand I have the right to a copy of this agreement upon request.

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*Signature of Person Responsible for Payment*

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*Date*

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*Printed Name of Above Individual*