

Aloha Counselors, LLC  
*Laura E. Williams, LMHC, CSAC, PhD*  
1325 S. Kihei Road - Suite 205  
phone/text: 860.306.6118 fax: 808.214.6090

RATES AND MISSED APPOINTMENT FEES

Please note the following rates for using the credit card/debit card you provide below:

Private pay per 55 minute session - \$150 + GET + Square fee = \$161.65

Private pay art therapy is an additional - \$7 + GET + Square fee = \$7.69

Insurance copays – GET + Square fee on entire amount insurance pays  
(though usually just on copay)

Missed appointments without 24-hour notice for Quest - After 1-3 missed appointments, I will  
give you referrals to other therapists.

Missed appointments without 24-hour notice for all other insurance –  
\$100 + GET + Square fee = \$107.82

As a reminder, sessions begin at the appointed time and last 55 minutes. If you are late, the session still ends at the appointed time. I will be using a pleasing bell reminder so we know when we have 5 minutes left in the session. Because of the timeframe, you should come to the session with an idea of what you want to discuss and/or be ready to get right to Brainspotting or EMDR so we can fit in as much therapy as possible.

circle: MC Visa Name on card: \_\_\_\_\_  
card number (please print clearly): \_\_\_\_\_  
expiration date \_\_\_\_\_  
CVV code on back \_\_\_\_\_  
billing zip code \_\_\_\_\_  
email address for receipt \_\_\_\_\_

I, the undersigned, understand these fees. I give permission for Aloha Counselors, LLC to charge my credit card if I miss an appointment without 24 hours' notice. Aloha Counselors, LLC will not charge my card for any other reason and my credit card information will be kept confidential.

\_\_\_\_\_  
Client name printed

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date