

Aloha Counselors, LLC  
*Laura E. Williams, LMHC, CSAC, PhD*  
1325 S. Kihei Road - Suite 205  
phone/text: 860.306.6118 fax: 808.879.0939

**2026 PRIVATE PAY, CO-PAY, and MISSED APPOINTMENT FEES**

**Please note:**

Fee is \$190 per 55-minute session. Insurance is partial payment and client is liable for the balance. So if insurance pays \$120, client still owes \$70 + GET + Square fees  
General Excise Tax (GET) is up to 4.712% and is charged on entire insurance payment  
Square fees are 5.25% of the total along with a \$0.15 charge

**The following rates for using the *credit card/debit card* you provide below are:**

Private pay per 55 minute session - \$190 + GET + Square fees

Private pay art therapy is an additional - \$10 + GET + Square fees

Insurance payment, client pays balance + GET on entire amount + Square fees

Missed appointments without 24-hour notice – 100 + GET + Square fees = \$110.12

Missed appointments without 24-hour notice for Quest/Medicaid, there is no financial penalty, but after 1-3 missed appointments, I will give you referrals to other therapists.

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. If you are 15 minutes late with no notification to me (e.g. text), it will be charged as a no show and your card will be charged \$100. 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 or Neurofeedback 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 \_\_\_\_\_

I, the undersigned, understand these fees. I give permission for Aloha Counselors, LLC to charge my credit card for copays and 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.

Name printed: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_