

Sogol Philipson, LCSW

LCSW # 66853

4199 Campus Drive Ste. 550

Irvine, CA 92612

Fee Agreement:

All payments to psychotherapy/counseling sessions are tax deductible as medical services received.

Session Time Structure: Length of sessions (CPT Codes) are stipulated by current national guidelines governing the profession of psychiatry/psychotherapy.

Initial _____

Fee Scale:

Session fee is determined by what is reasonable and customary in Southern California for mental health providers. Fees may vary somewhat per individual provider.

Initial _____

In Office Psychotherapy:

Session: 60 mins = \$150 (Usual and Customary Session Time)

Session: 90 mins = \$225 (recommended for Couple or Family Therapy) Sliding Scale/Reduced fee services are available on a limited basis.

Initial _____

Credit Card, Cash, or Check Accepted for payment in full (if credit card payment is used, there will be an additional \$2.00 charge for transaction fee) Returned check fee is \$25.00.

Initial _____

NOTE: I understand no statements are sent out. Checks, Credit Card Payments Receipts, and/or Insurance Super Bills (if requested) are my proof of sessions and payments made.

Client Signature _____ Date _____