

Amy L. Luzar, MSSA, LISW-S
19910 Malvern Rd. Rm 221
Shaker Hts., OH 44122
216.973-9976

PROFESSIONAL SERVICES AGREEMENT

The State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board require that all clients are fully informed regarding the costs of professional services. The following is a list of fees and a summary of my billing practices. I request that you read this material carefully and sign below to signify your acceptance of these terms

FEES:

Initial Consultation Coaching:	\$290.00
Subsequent Appointment:	\$250.00
Telephone Consultation:	Office visit rate, pro rata
Attention to email, text or correspondence:	Office visit rate, pro rata

Payment is made at the time of the office visit. Account balances due over 60 days may be submitted to a collection agency.

CANCELLATION POLICY: - Initially, I require 24-hour notice for a cancellation, or you will be charged for the session. After 2 cancellations, this policy is altered within our discussion. If session cancellation is not made 24-hours prior to your appointment, you will be charged \$250; the cost of the hourly rate.

I have read and understand the above conditions. I accept full financial responsibility for fees incurred within the framework of this agreement.

Your Name (Please Print)

Date

Your Signature

Date