

RATES & PAYMENTS

V. Nikki Jones, LCSW, LMFT
Couple & Family Therapist
Phone Number: 901-679-3563
Email: v.nikkijones@gmail.com
Website: vnikkijones.com

SECTION 1.0: PAY SCALE

- Assessments – Initial Session approximately 90 minutes – \$120
- Individual Therapy – Session approximately 50 minutes – \$75
- Couples & Family Therapy – Session approximately 90 minutes – \$100
- Brief Crisis Counseling – Session approximately 90 minutes – \$120
- Premarital counseling – Three sessions at approximately 90 minutes – \$100 *per session*
- Officiating Services – For more information, please contact me at v.nikkijones@gmail.com or 901-679-3563

SECTION 2.0: RATE EXPLANATION

The standard fee for the initial intake/assessment and brief crisis counseling is \$120.00. Subsequent individual sessions are \$75 for individual therapy and \$100.00 for couple, family, or premarital consultation. Fees for session are not prorated. You are responsible for paying at the start of your session unless prior arrangements have been made. Payment must be made by cash, credit cards, or insurance; I am not able to process personal checks as payment. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to therapy appointments, it is my practice to charge \$25 per hour for other professional services that you may require such as report writing per your request, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

SECTION 3.0: SOURCES OF PAYMENT

I welcome private pay sources (i.e., cash and credit card payment). I also accept Medicare, but Medicaid is pending. I am in the process of accepting private insurance plans. Please note that if you desire to utilize your health insurance, a claim will be filed with your insurance company for each treatment session. Your assigned co-payment must be paid at the start of service. For additional information on fees/payments, please contact me at v.nikkijones@gmail.com or 901-679-3563

SECTION 4.0: REDUCED FEES

For those that qualify, reduced fees are available on a limited basis – For more information, please contact me at v.nikkijones@gmail.com or 901-679-3563

SECTION 5.0: Cancellation/Reschedule Policy

If you do not show for your scheduled appointment, and you have not notified me at least 24-hours in advance, you will be billed and required to pay the full cost of the session.

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Signing below indicates that you have reviewed the policies described above and understand the payment expectations. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Client/Parent Signature: _____ Date: _____
Client/Parent Signature: _____ Date: _____
Therapist Signature: _____ Date: _____

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