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OFFICE POLICIES

FEE SCHEDULE: Initial 55-minute session is \$150, subsequent sessions are \$120.00 per standard 55-minute session. Professional services include, but are not limited to, office appointments, therapeutic phone calls, third-party consultations, and correspondence. One exception to this Standard Rate is the rate for court appearances. See separate **COURT APPEARANCES** form, should that apply to you.

PAYMENT POLICY: Payment is due in full by cash, check, or VISA/MC/AMX/debit card at the time of services. Please fill out all insurance information completely, if applicable. The agreement to pay for counseling services is between the client and the therapist, not between the therapist and the insurance company. The charges, therefore, are the responsibility of the client or of the responsible party. Client is responsible for all fees not covered or reimbursed by insurance. Should you seek out-of-network benefits from your insurance carrier, this office will provide you a receipt to assist you in completing your insurance claim. Please consult with your insurance provider to determine eligibility of my services. Check with your insurance carrier to determine if you have an out-of-pocket deductible, which could make the sessions more expensive until the deductible is met.

OFFICE HOURS: Appointments are available Monday, Tuesday, Thursday and Friday, 8am – 5pm, with Saturday appointments available on a limited basis.

CANCELLATIONS: Since the scheduling of an appointment involves the reservation of time specifically for each patient, and a missed appointment prevents my being able to schedule another person in that slot, it is important to know that **cancellations must be made 24 hours in advance or there will be a charge of \$50 for the missed appointment, which is not covered by insurance.**

Please initial that you understand this fee. _____

I may be reached by email at any time, or called or texted, preferably between 7:30am and 8pm.

EMERGENCIES: I make every effort to respond to my messages promptly. All calls are returned during normal business hours within 24 hours of receipt. However, should a life-threatening emergency occur, you should call 911, or go to the nearest emergency room.

I have read and understand the policies of this office, listed above. I agree to be bound by the above stated terms. I also understand that such terms may be amended by this office, and that I will be informed in advance should that occur.

Print Client's Name

Client Signature OR Signature of Guardian, if client is a minor child

Date