

## **Financial Responsibility and Retainer Agreement for Reunification Therapy**

### **Fees:**

Fees for service shall include, but not be limited to charges for **reunification services** such as therapy, consultations, interviews, broken and canceled appointments, testing, reviewed printed material, reviewing documents, preparing, and providing reports, affidavits, testimony, and staff and research assistant time. The fee schedule for all services by Dr. Silverman is included on a separate page, however, specifically clinical sessions will be rated at **\$350 per session**.

The financially responsible party shall pay the fees for all time and services, whether the time spent in the service is initiated by that party, another attorney, the court, or other persons or agencies relevant to the matter.

### **Retainer:**

There is a minimum retainer of **\$3,500** for each matter. The retainer is to be paid before Dr. Silverman begins services. Appointments with Dr. Silverman will be canceled without notice if this retainer is not paid at least 5 business days before the first appointment. The retainer is a credit balance against which fees shall be charged. Dr. Silverman shall return any unused remaining portion of the retainer to the payer promptly when requested and when notified by the responsible party in writing that Dr. Silverman's services will no longer be required in the matter. If Dr. Silverman's fee meets the initial retainer, additional retainers shall be required. Additional retainers and fees shall be paid promptly when requested by Dr. Silverman. Services will be suspended if future retainers or fees are not paid when requested. Testimony, reports, and opinions will not be released until account balances are current.

### **Payment:**

Payment is due and payable at the time of service. Service charges will accrue at 1.5% per month but not to exceed the amount permissible by law, on any balance not paid within 30 days after the charge was incurred.

### **Financial Responsibility and Third-Party Payments:**

The financially responsible party is \_\_\_\_\_ in the matter.  
*(Print Name)*

The acceptance by Dr. Silverman of payments from a third party shall be construed only as payments made by the third party on the behalf of the financially responsible party and not as indication that the third party is the financially responsible party. Dr Silverman does not accept health insurance. You must file benefits on your own.

### **Appointments and Cancellations:**

Because the scheduled appointment time is held exclusively for one person or task, the advanced notice of cancellation is required. Cancellation charges are as follows: 24 hours in advance , a fee of \$350. Full payment is required for same day cancellations. For more than an hour of scheduled time, 3 business days notice is required or there will be a full charge for those hours.

### **Collection:**

If an amount is due for 60 days, it shall be sent for collection. The responsible party shall pay all reasonable costs of collecting the bill such as a reasonable collection agency fee or reasonable attorney fees and court costs.

### **Termination:**

Dr. Silverman may immediately and without prior notice terminate his services and contact any time he has reason to believe that any party is not fully complying with the provisions stated herein or with the orders of the court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date