



**Chemin Buvelot 4, 1110 Morges  
2 Chemin du Pavillon, Le Grand Sacconex, GE 1218**

[www.family-counselling.org](http://www.family-counselling.org)

## Fee Agreement

- Therapy fees are charged in 15-minute increments. A 60-minute session is considered one full session.
- The full fee for Jane's and Erik's clinical work is
  - CHF 150 per 60 minute session
  - CHF 200 per clinical hour for co-therapy (two therapists attending)
- Phone calls, emails and out-of-session consultations lasting more than 5 minutes are billed at the pro-rated therapy rate.
- If the payee-client lives outside of Switzerland and will be covering the invoice with currency other than the Swiss Franc, they are requested to pay the equivalent amount in non-Swiss currency with the exchange-rate determined on the day of payment. Conversion fees are the responsibility of the payee-client. Exchange rates and bank fees are the responsibility of the client.
- For personal record-keeping, clients will receive a monthly invoice outlining services rendered and fees charged.
- Payment for clinical services can be paid by *bulletin de versement* or by ebanking and is due 30 days after receiving the invoice, unless arranged otherwise.
- If agreed to beforehand clients may pay with cash and a receipt for payment will be provided.
- Regarding insurance coverage: While some international insurance companies recognize our credentials, we are not recognized by Swiss insurance companies. ***If insurance coverage is necessary to meet the cost of services we encourage our clients to determine this with an immediate call to their carrier to minimize out-of-pocket expenses.***
  - Clients are expected to pay the monthly invoice and submit the paid invoice to their insurance provider for reimbursement.
  - Upon request, we are happy to submit our credentials for review.
  - Be aware that when consenting to use insurance, your diagnosis and dates of service may be requested by the insurance company.
  - When paying without insurance, any diagnoses remain confidential and undisclosed.
- Barring emergencies, sessions canceled without a 24-hour notice of doing so (or re-scheduling within the same calendar week) are billed to the patient at the full-rate.

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Signature of patient (or parent/guardian if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of counsellor

\_\_\_\_\_  
Date