

# Kathy Doyle MSW LCSW

10207 Woodknoll Rd.  
Louisville KY 40223  
859-806-2029

[www.kathydoylelcsw.com](http://www.kathydoylelcsw.com)  
[kathydoylelcsw@aol.com](mailto:kathydoylelcsw@aol.com)

## OFFICE POLICIES

### FEES

- For **private pay** clients, I have a sliding scale from \$90.00 - \$125.00
  - \$50,000 or less \$90.00
  - \$50,000- \$75,000 \$100.00
  - \$75,000 - \$90,000 \$110.00
  - \$90,000 or more \$125.00
- Verification of income is required with income tax return or check stubs.
- **Payment is accepted in the form of personal checks or cash.**
- Sessions are 60 minutes in length. Longer sessions will require an increased adjustment of fee agreed upon prior to scheduling a longer session.
- Payments are made at the beginning of each session
- Cancellations are allowed if made 24 hours or more in advance of your appointment. Messages may be left on voicemail or sent in text. Please include the date and time of message.
- **You will be charged the fee** for the appointment if you fail to cancel by calling at least 24 hours in advance of your scheduled time. This fee must be paid at the beginning of your next session.
- **You will be charged \$125.00** for the appointment if you “no show” without canceling.
- There will be a fee of \$25 for any returned checks.
- Statements are available on request.

I, \_\_\_\_\_, agree to pay \$\_\_\_\_\_ for each counseling session I schedule. I understand that if I do not cancel by calling at least 24 hours in advance I will be charged \_\_\_\_\_ for the missed session and if I fail to show for the appointment without canceling I will be charged \$125.00.

Client signature \_\_\_\_\_

Printed name \_\_\_\_\_ Date: \_\_\_\_\_