
ASHLEY HUDSON, LCSW, LLC

2039 Regency Road, Suite 1
Lexington, KY 40503
859-492-1090 (phone)
859-202-3640 (fax)
ashleyhudsonlcsw@gmail.com

Fee Agreement

Individual Session	\$100.00
Family	\$100.00
Returned Check Fee	\$50.00
Missed appointment if not canceled 24-hours in advance	\$75.00
Appearing or testifying in court	\$700 flat fee and \$300 per hour with a \$1000 minimum

For insured clients, the co-payment and amount applied to deductibles will be based on your insurance plan and will be due at the time of your appointment.

_____ Please initial if you would like to keep your charge card securely filed for co-payments

_____ Please initial if you give Ashley Hudson, LCSW, LLC permission to charge this card every session. If you wish to pay with a different form of payment, please let your therapist know at the time of service.

Signing below acknowledges that you understand the fees stated above and will pay the agreed amount at the time of service.

Client Name

Name of responsible party

Signature

Date