

Emmett "Tray" Thomason, M.A., LMFT  
Licensed Marriage & Family Therapist  
2382 Faraday Ave, Suite 250 Carlsbad, CA 92008  
(760) 845-0520 [tray@therapywithtray.com](mailto:tray@therapywithtray.com)

Agreement to Pay for Therapy Services

I, \_\_\_\_\_, request that Emmett "Tray" Thomason, LMFT provide therapeutic services to me (and/or my child \_\_\_\_\_) , and I hereby agree to pay the therapists fee of \$115.00 per 50-minute session for these services. I understand that this therapist accepts payment in the form of cash, check, credit, or debit card; and that this payment is due at the start of each session. I understand that additional services, e.g. extended sessions, group sessions, etc., may incur additional fees not listed in this agreement.

I understand that this therapist does not accept insurance, but that I may request an itemized invoice of services provided so that I may obtain reimbursement from my insurance company. I understand that it is my responsibility to determine if my insurance company provides out-of-network coverage for mental health services.

I understand that this therapist may periodically increase the fee for his services. I understand that this therapist will provide at least 30-days advanced notice of any fee increase.

I agree that this financial relationship with this therapist will continue as long as the therapist provides these services to me, or until I inform him, in person or by mail, that I wish to end the services. I agree to pay for services provided to me up until the time that I end the therapeutic relationship or finish therapy.

I agree and understand that I will be charged a late-cancellation/missed session fee of \$75 if I am unable to attend a session and do not inform this therapist at least 48-hours in advance. I agree that the therapist may charge the credit/debit card number listed below for this charge on the day of the missed appointment.

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration

\_\_\_\_\_  
Security Code

By signing below, I confirm that I have read and understand the agreement, have had all questions about the information answered to my satisfaction, and agree to comply with the policies listed above.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date