

SUE MAYO, MA, LMFT
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FEE POLICY

You are responsible for full and prompt payment for all services. For all in-person appointments, fees are payable at the end of each session unless we have mutually agreed to other arrangements in advance. For all remote (tele-health) sessions, fees are due prior to the beginning of each session. Remote services may be paid via paypal or venmo. I will email you a bill in advance of sessions, with a link to paypal.me/SMayoMFT for your convenience.

The fee for private mediation sessions is \$200.00 per therapy hour. Please note that a therapy hour is actually 50 minutes in length. Longer sessions are billed accordingly, for example a “double session” that lasts for 1:40 will be \$400.00, and a “session and a half” which lasts for 1:15 will be \$300.00.

Fees for remote court appearances are \$800 for up to 4 hour hearing (morning or afternoon session). Other fees include time spent preparing and distributing Memorandums of Understandings or Recommendations from Private Mediation for you and/or your attorneys and the court, time spent reading, viewing or listening to material you have provided to me, or time spent consulting with other professionals involved in your case. For these services, fees are calculated at \$150 per hour, or \$25 for every 10-minute segment. There are no fees for simple, brief communications such as to schedule, change, or cancel an appointment.

Unless otherwise specified in court documents, each parent is responsible for one-half of all joint session fees and one-half of all other related fees. Each parent is solely responsible for the full cost of any individual session fee.

There will be a \$30 charge for all checks returned by the bank.

Cancellations/missed appointments: The time I have to see clients is valuable and limited; therefore, if you miss a scheduled appointment or if you cancel less than 24 hours prior to the appointment, you are responsible for the full fee (this includes the other parent’s half).

I have read, understand, and agree to abide by these financial policies.

Client Name (Print)

Client Signature

Date