**Kennetha L Frye PhD PLLC**  
Licensed Psychologist

2626 South Loop West Suite 545

Houston Texas 77054

(713) 309-0266  
kennethafrye@yahoo.com

**FEE AGREEMENT FOR SERVICES**

Therapy is a personal investment in one’s growth and overall well-being. It is expected you will pay for the therapeutic services provided at the end of each session. The standard fees for services are as follows:

Initial Diagnostic Interview (60 minutes): $250

Individual therapy session (50 minutes): $200

Individual therapy session (90 minutes): $250

Family/Couples therapy session (60 minutes): $250

Family/Couples therapy session (90 minutes): $325

Completion of FMLA (service not included in sessions): $150

Limited sliding scale slots are available for psychology students and new professionals (employed within the past three months), as well as for current clients experiencing financial strain (e.g., job loss). The individual will be required to demonstrate significant financial need with supporting documentation.

Please indicate if you qualify as a:

□ Psychology graduate or undergraduate student with valid identification

□ Psychology new professional with an offer letter or a payment stub

□ Current client experiencing financial strain

Payment can be made with **Zelle**. I am contracted with **Blue Cross Blue Shield** and **United Healthcare**. Coverage varies greatly between plans, please reach out to your provider directly to verify coverage details. If insurance declines to cover your visit(s) for any reason, you are responsible for the full amount billed. If you have insurance coverage from another provider, I will be glad to provide you with a receipt or statement satisfactory for filing your insurance claim at the end of each session or month.

Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with me.

After mutual discussion, we have decided your fee for service will be $\_\_\_\_\_\_\_\_\_\_ per session.

**Our signatures below indicate we have read, discussed, and agree to the terms discussed above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient (*Please print*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kennetha Frye, PhD Date