

THERAPIST RATE INCREASE LETTER

Therapist Name: _____

Practice/Company Name: _____

Client Name: _____

Client Address: _____

Dear Valued Client, We appreciate the trust and confidence you have placed in us for your therapeutic needs. This letter serves as a formal notification of a change in our service rates, effective immediately upon your next scheduled appointment.

Current Rate: _____ **USD per session**

New Rate: _____ **USD per session**

Please understand that this adjustment is necessary due to increased operational costs and to continue providing the highest quality of care. We remain committed to your well-being and will continue to offer professional and compassionate services.

If you have any questions or concerns regarding this rate change, or if you would like to discuss your treatment plan, please do not hesitate to reach out to our office.

Thank you for your understanding and continued trust. Sincerely,

Therapist Signature: _____

Printed Name: _____

Contact Phone: _____

Contact Email: _____

Acknowledgment of Rate Increase:

I hereby acknowledge receipt of this Therapist Rate Increase Letter and understand the adjustments to the service rates as stated above. I agree to the new terms and will continue to engage in therapeutic services under these updated rates.

Client Signature

Date

Signature: _____

Printed Name: _____

This letter and its contents constitute a legally binding agreement between the therapist and the client under United States law. By signing above, the client agrees to the

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