

**Sliding Scale Fees for Therapeutic Services:**

I am committed to offering accessible and affordable mental health services, and will never turn a client away due to financial issues. Sliding scale fees are determined on a sliding scale for an individual or family, based on the family’s yearly net income. If the identified hourly rate below presents as a barrier to success for treatment, please discuss this with the therapist prior to beginning or continuing services to make financial arrangements or look for other more affordable options of care.

<b>Annual NET Income:</b>	<b>Fee Per Therapeutic Hour (50 minutes):</b>
<\$20,000	\$50
\$20,000 - \$35,000	\$65
\$35,000 - \$50,000	\$80
\$50,000 - \$65,000	\$95
\$65,000 - \$80,000+	\$110

\*Fees are as of January 15, 2015 and are adjusted periodically

\*Sliding fee scale is based on the average family of 2-4 people and can be adjusted higher or lower based on the number of people living in the home

\*Fees agreed upon under previous slide fee scale charts will remain in effect and be honored for the duration of client’s time with C.O.R.E Counseling Services

\*Other extenuating circumstances regarding ability to pay (ex. high medical bills, recent job loss, etc) can be documented below and taken into account when agreeing up on a fee

\*Sliding Scale is based on honor of client. If any changes arise in income, please notify C.O.R.E Counseling Services so adjustments can be made to fee

\*Fees above are based on a regular 50 minute session and will be adjusted and documented below if 25 minute or 75 minute sessions are provided

\*Sliding fee clients pay the same rate for an intake session as for a regular session

**FINANCIAL AGREEMENT:**

*Please initial each and sign at the bottom:*

\_\_\_\_\_ The agreed upon fee per 50-minute session is \_\_\_\_\_.

\_\_\_\_\_ I agree to the above fee schedule and understand payment (cash, check, PayPal, Visa, MasterCard, or Discover) is due in full at the end of each counseling session.

\_\_\_\_\_ I agree to pay a fee of \$10 plus the amount of the check for any returned checks.

\_\_\_\_\_ Phone calls to the therapist lasting longer than 10 minutes will be billed on a pro-rated charge by the minute based on the agreed upon rate identified above.

\_\_\_\_\_ If I must cancel or reschedule my session, I will give at least a 24 hour notice, otherwise I will be billed a \$25 fee for not keeping the appointment the first occurrence, and the full rate of services thereafter.

\_\_\_\_\_ I understand that there is a pro-rated charge by the minute based on my agreed upon rate to complete any paperwork and a \$25 charge to release records from my office to your physician, insurance company, etc.

Comments or notes about fees or fee arrangements:

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Client/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist: \_\_\_\_\_

Date: \_\_\_\_\_