

Fees

The fee for each fifty-minute session is based on the sliding scale below with a minimum fee of \$60.00 per 50 minute session, which is payable at the time of each appointment unless other arrangements are made and documented in writing prior to treatment.

Client Initials _____

Fee Schedule per 50 Minute Session:

Effective May 1, 2008.

Yearly Income	Basic Fee
\$10-15,999	\$60.00
\$16-20,999	\$ 65.00
\$21-25,999	\$70.00
\$26-30,999	\$75.00
\$31-35,999	\$80.00
\$36-40,999	\$85.00
\$41-45,999	\$90.00
\$46-50,999	\$95.00
\$51-55,999	\$100.00
\$56-60,999	\$105.00
\$61-65,999	\$110.00
\$66-70,999	\$115.00
\$71-75,999	\$120.00
\$76-80,999	\$125.00
\$81-85,999	\$130.00
\$86-90,999	\$135.00
\$91-95,999	\$140.00

\$96-and upwards

\$145.00

Insurance

Although you are ultimately responsible for your fee, health insurance may pay a portion of the charge. At your request the Center's office staff will contact your insurance company regarding benefits for our services and will also file your claims.

If your annual deductible has been met it may be possible for you to pay only your portion of the fee and for the insurance company to pay the balance to the Center. If the deductible has not been met you will be responsible for paying the full fee until the deductible has been satisfied, or you may agree to a plan with the office manager for paying the deductible and co-payments amounts. Co-pays are due at the time of your session.

Client Initials _____

Appointments, Cancellations and No-Shows

At the conclusion of your initial interview you and your counselor may agree to schedule for additional appointments. Because consistency is an important part of the counseling process, the appointment time you schedule is reserved for you and is not available to anyone else.

If you are unable to keep a scheduled appointment, you must notify the Center at least 24 HOURS in advance to avoid having to pay for the canceled or missed appointment. Insurance will not pay for missed appointments; therefore you are responsible to pay a minimum fee of \$40.00 as contracted with the Center.

I understand and agree to the financial policies stated above and to pay the contracted fee of \$ _____. The fee is payable at the end of each appointment.

Client Signature: _____ Date: _____

Therapist Witness: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Therapist Witness _____ Date: _____

I have read and understood this information:

To the best of my knowledge the information provided above is correct and complete. I have read the The New Hope Counseling Center's Policies and Procedures form as well as the Client's Rights and Consent for Treatment Form. I understand that my counselor and I will arrive at a mutually - agreeable treatment plan and an estimate of the probable duration of my counseling.

Client's Signature

Therapist Signature

Date

Date

Consent to Treatment

I understand that counseling is based on my attending regularly scheduled counseling appointments and talking openly with my counselor. I realize I may encounter troubling emotions in the course of my counseling. Although counseling is usually a beneficial process, I understand that there can be no guarantees concerning the outcome of treatment or the achievement of specific goals. However, I can expect to be heard and accepted as a human being of value and worth. I give my consent to the counselor to provide appropriate treatment (to me or to the minor for whom I am parent/guardian) in an ethical and professional manner.

IF A CLIENT IS A MINOR under the age of 16: I give permission for this minor child to receive counseling without a parent or guardian present. I further waive any rights to information that is shared in those individual sessions, however the therapist may share information with me as he/she deems appropriate and as agreed to by the minor.

Signature of Parent or Guardian

I have read and understood this information:

To the best of my knowledge the information provided above is correct and complete. I have read the New Hope Counseling Center's Policies and Procedures form as well as the Client's Rights and Consent for Treatment Form. I understand that my counselor and I will arrive at a mutually - agreeable treatment plan and an estimate of the probable duration of my counseling.

Client's Signature

Therapist Signature

Date

Date