



SLIDING FEE SCALE AGREEMENT FOR THERAPY SERVICES

We are pleased to offer through our employed counselors seeking licensure, a sliding fee scale for those who qualify. Please read the following terms and sign below indicating your agreement to these terms.

1. I understand that fees for counseling are based on gross annual household income.
2. I understand that a sliding fee scale is only available from counselors who are not accepting insurance from their clients.
3. I understand and agree that payment is due when services are rendered unless an arrangement has been made in advance.
4. If I have an unpaid balance when I terminate my counseling, I agree to make monthly payments until the balance is paid in full.
5. I agree to pay the full amount of my session fee if I cancel an appointment without giving 24 hours notice.

| SLIDING FEE SCALE BASED ON GROSS ANNUAL HOUSEHOLD INCOME | |
|---|------------------------------|
| ANNUAL HOUSEHOLD INCOME | THERAPY RATE PER HOUR |
| | |
| \$20,000 and under | \$ 45.00 |
| \$20,001 to \$30,000 | \$ 55.00 |
| \$30,001 to \$40,000 | \$ 65.00 |
| \$40,001 to \$50,000 | \$ 75.00 |
| \$50,001 to \$60,000 | \$ 85.00 |
| \$60,001 to \$70,000 | \$ 95.00 |
| \$70,001 and above | \$105.00 |

Your annual household income: \$ _____

Documentation to be produced to verify your income if needed: _____

Signature of Client or Guardian

Date