Healing Path
COUNSELING

SLIDING SCALE FEE SCHEDULE & AGREEMENT

Annual Household Income	Number in Household 1	2	3	4	5
<$30, 000	$80	$70	$60	$60	$60
$30,000-$44,000	$90	$90	$80	$70	$60
$45,000-$59,000	$110	$110	$100	$90	$80
$60,000-$74,000	$125	$120	$115	$110	$100
>$75,000	$125	$125	$125	$125	$125

I am pleased to offer a sliding scale fee for those who are unable to pay the full session fee amount. 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 income.
2. I understand that this sliding scale is made available by my therapist who does not currently bill insurance.
3. I understand and agree that payment is due at the beginning of each session unless another arrangement has been made in advance.
4. I agree to provide documentation to verify income.
5. I agree to pay the full amount of my session fee if I cancel an appointment with less than 24 hour notice.
6. I understand that the Sliding Scale Fee schedule is subject to modification.

Based on my current household income, I understand the fee for services will be_____ per session. There is an additional $20 fee at the initial appointment due to the initial Behavioral Health Assessment. I further acknowledge that my therapist will periodically review my financial status with me in order to reassess continuance of sliding scale benefits.

_____

Client or Guardian Signature Date

_____

Malissa Reichert, MA, LMHCA Date