

Seasons of Life Counseling Services, PLLC

CLIENT FEE AGREEMENT

Financial Data: (*Required ONLY for sliding scale fee; must be agreed upon prior to appointment)

Total Gross Household Income: \$ _____ Monthly/Yearly.

Number of persons dependent on income: _____

Financial Disclosure:

- The full fee for therapeutic counseling services is \$ 125.00 for the First Session/Intake and \$100 - \$125 per 50-minute session thereafter. A sliding scale fee may be used based on your reported financial hardship, gross household income, and the number of people dependent on the income. However, counseling services will be no less than \$75.00 per hour. Group therapy is \$30 per 50 minute session, and is paid in advance of each session.
- I agree to pay the assigned fee of \$ _____ at the time of each session
- I agree to Provide a Credit Card Guarantee for payment(s) that are due for missed appointments, or those not cancelled within 24-hours. (See Credit Card Guarantee form attached)
- I may be charged the regular rate assigned for each session for failure to keep a scheduled appointment without a 24-hour notice.
- I am legally responsible for any balance due, including charges for cancellations without a 24-hour notice, along with any legal/collections fees due on my account.
- I agree to pay for phone calls with Seasons of Life Counseling Services and/or Sheila K Henderson MA, LPC in excess of five (5) minutes in length, and will be billed in 15 minute increments at the regular rate of \$100.00 – \$125.00 p/hr. (Thus, a phone call lasting 10 minutes will be billed for 15 minutes totaling \$25+, etc.)
- I understand that Seasons of Life Counseling Services, PLLC, and any of its affiliates, are not Providers for any Health Insurance coverage I have, and I must submit any Insurance claims myself.
- I agree to inform Seasons of Life Counseling Services and/or Sheila K Henderson MA, LPC of any changes of information while I receive services.
- **Overview of Various Session Fees are as follows:**
(1 Therapy hour – 50 minutes per session; Sessions Over 5 minutes long will be billed in 15 minute increments)
 - Adult Individual Therapy = \$100 per therapy hour
 - Couple/Marital Therapy = \$100 per therapy hour
 - Child/Adolescent Individual Therapy = \$125 per therapy hour
 - Family with Children or Adolescents Therapy = \$125 per therapy hour
 - Family with adult Children = \$100 per therapy hour
 - Parent Sessions = \$100 per therapy hour
 - School or Child Care Consultation (60 minute hour) = \$125.00 per hour
 - **First Time - Initial/Intake Session (75-90 minutes) = \$125.00**

I attest that the information I have given on this agreement is accurate, and agree to make payment for all services provided.

Client Signature: _____

Date: _____

