



SELF PAY FINANCIAL AGREEMENT

111 Windel Drive Suite 213
Raleigh, NC 27609
www.changeforlivingcounseling.org

Clients Name: _____

Financially Responsible Party (if other than client): _____

I, _____, ("client/financially responsible party"), agree to the following financial agreement with Change for Living Counseling, PLLC:

I agree to waive use of my "in network" insurance benefits and to pay fees for services out-of-pocket to my provider at the time services are provided as outlined in the "Fee Schedule". I understand that I am responsible for paying additional fees for additional services as outlined in "Fee Schedule" attached.

I also understand that I will be charged for late cancellations and missed appointments as outlined in the "Consent for Treatment", and that these charges must be paid at or before my next appointment.

Comments: _____

Check here if your provider is **out of network** and you would like us to submit the session to the insurance company on your behalf for you to receive reimbursement (if this box is not checked, we will not file on for you).

Responsible Party Signature: _____ Date: _____

Provider: _____
(signature denotes therapist approval of agreement)



FEE SCHEDULE FOR MASTER'S LEVEL SERVICES

INDIVIDUAL SESSIONS:

Initial Session	\$175.00
Regular 45-50 minute Session	\$110.00
Extended 75 minute Session	\$155.00
Brief 30 min Session	\$ 60.00

FAMILY/COUPLES SESSIONS:

Initial Session	\$200.00
Regular 45-50 minute Session	\$130.00
Extended 75 minute Session	\$175.00

Telephone Consultation/Coordination (per 15 minutes)	\$30.00/15 minutes
Copy of Record (depending on size of chart)	\$25.00/min each copy
Treatment Report/Summary (per page)	\$100.00/page
Completion of External Paperwork (per 15 minutes)	\$30.00/15 minutes

Legal Proceedings (per hour)	\$250.00
(this includes any preparation, transportation, consultations, and participation/attendance at legal proceedings)	

Late Cancellations/Missed Appointments (Individual)	\$ 85.00
Late Cancellations/Missed Appointments (Family/Couples)	\$100.00
Late Cancellation/Missed Appointment (Initial/Extended)	\$125.00

*Other services, such as psychological testing, with related fees may be available upon request.



FEE SCHEDULE FOR PHD/PSYD LEVEL SERVICES

INDIVIDUAL SESSIONS:

Initial Session/Assessment	\$200.00
Regular 45-50 minute Session	\$150.00
Extended 75 minute Session	\$175.00
Brief 30 min Session	\$ 80.00

FAMILY/COUPLES SESSIONS:

Initial Session/Assessment	\$225.00
Regular 45-50 minute Session	\$160.00
Extended 75 minute Session	\$200.00

Psychological Testing (per hour) \$145.00

Telephone Consultation/Coordination (per 15 minutes)	\$40.00/15 minutes
Copy of Record (depending on size of chart)	\$25.00/min each copy
Treatment Report/Summary (per page)	\$125.00/page
Completion of External Paperwork (per 15 minutes)	\$40.00/15 minutes

Legal Proceedings \$400.00/Hour
 (this includes any preparation, transportation, consultations, and participation, attendance & testimony as expert witness at legal proceedings)

Late Cancellations/Missed Appointments (Individual)	\$100.00
Late Cancellations/Missed Appointments (Family/Couples)	\$125.00
Late Cancellation/Missed Appointment (Initial/Extended)	\$135.00

*Other services, such as psychological testing, with related fees may be available upon request.