

Serenity Family Services, PLLC

Fee Schedule for Services and Agreement

Type of Service Performed	Professional Fee	Sliding Scale Fee Based upon Income Level
Initial Intake	\$150.00 an hour	1 st Session
Individual Therapy	\$125.00 an hour	Same as Above
Couples Therapy	\$150.00 an hour	Same as Above
Family Therapy	\$150.00 an hour	Same as Above
Group Therapy	\$150.00 an hour	Same as Above
Psychosocial Assessment	\$175.00 for Assessment	Paid upon completion of assessment
Court Appearance	\$400.00 an hour with a minimum of 3 hours billed for	3 hour minimum *If case is closed/dismissed or cancelled with less than 3 days' notice, client is still responsible for payment of 3 hours
LPCI Supervision	\$60.00 an hour	Paid each session

Full payment of Client's share of Fees is due at the time services are rendered:

The client agrees to pay the required deductible or co-pay as outlined by your insurance company. This office makes every attempt to verify and collect insurance benefits, however, it is your responsibility to make ***all*** payments for services (i.e., deductibles, co-payments, premiums, and services that your insurance company later deems as not necessary for treatment) that are not paid by your insurance company.

I, _____, (Financially Responsible Party), hereby certify that I have read over the fee schedule and payment information provided and agree to the above conditions and terms.

Signature of Responsible Party

Date

Witness/Counselor

Date

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