

Serenity Family Services, PLLC

Fee Schedule For Services and Agreement

Type of Service Performed	Professional Fee	Sliding Scale Fee
Individual Therapy	\$100.00 an hour	Based upon Income Level Session
Initial Intake	\$125.00 an hour	
Couples Therapy	\$150.00 an hour	Same as Above
Family Therapy	\$150.00 an hour	Same as Above
Group Therapy	\$15.00 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