the Center
for Christian Counseling, Consultation & Training, Inc.

4868 High Crossing Blvd.
Madison, WI 53704
608.274.8294
608.274.8783 Fax

MENTAL HEALTH CLIENT FEE AGREEMENT

I have read and I understand The Center for Christian Counseling, Consultation and Training, Inc.'s (The Center) billing policy and procedures (see Client Handbook) and agree that:

- **My insurance company is_____; my co-pay is_____.**
- **My deductible is_____ . My deductible begins on _____. My co-insurance is _____.**
- **We request all clients have credit card information on file. Your credit card on file will be charged if you have a broken/missed appointment.**
- **I authorize you to charge my: ❒ credit card, ❒ HSA, ❒ FLEX, ❒ debit card, for services.**

***** Note: Broken appointments cannot be charged to an HSA or FLEX card *****

- **My card number is _____-_____-_____-_____. Exp. date_____. CVC _____.**
- **Client signature_____.**

All fees are my responsibility. I am expected to make all payments and co-payments at the time of service. I can pay with cash, check, HSA account, or credit card. If services are rendered and I don't pay, the clinic will charge the credit card I have on file at the Center for that service.

I will be personally charged full fee for appointments cancelled with less than 24 hours notice, except in an emergency. This fee will be charged to my credit card on file.

All outstanding balances 30 or more days past due will have a delinquent service charge computed by a "periodic rate" of 1.5% per month which is an ANNUAL PERCENTAGE RATE of 18%, applied to the unpaid balance.

I will be responsible for NSF checks at a fee of $45.00.

I consent to give permission for The Center and staff to send letters, invoices, and other correspondence to my mailing address listed on my Client Billing Information form.

CURRENT FEES:

Master's Level Therapists:
$180.00 for a 60 minute initial assessment
$150.00 for a 53+ minute therapy session
Subsequent sessions longer than 53 minutes are based on above level prorated hourly rate of $150/hour

Clinical Director and Clinical Substance Abuse Therapists:
$210.00 for 60 minute initial assessment with Clinical Substance Abuse Therapist
$180 for 53+ minute therapy session with Clinical Substance Abuse Therapist
Subsequent sessions longer than 53 minutes are based on above level pro-rated hourly rate of $180.
$100/each group session with Clinical Substance Abuse Therapist

Psychologist:
$240.00 for 60 minute initial assessment with Psychologist
$210.00 for 53+ minute therapy session with Psychologist
Subsequent sessions longer than 53 minutes are based on above level prorated hourly rate of $210.

$210.00 per hour for psychological testing and evaluations.

$250.00 per hour with Psychiatrist for evaluations.

Groups: $100.00 per client for each therapy group session.

_____ _____
Client Signature Date Client/Guardian Signature Date

_____
Therapist Signature Date