

Sliding Fee Scale

Annual Income	Fee
< \$35,000	\$40
\$35,000 - \$50,000	\$45
\$50,000 - \$60,000	\$50
\$60,000 - \$70,000	\$60
\$70,000 - \$80,000	\$75
>\$80,000	\$90

*Fees are as of August 13, 2015 and are adjusted periodically

*Sliding fee scale is based on the average family of 2-4 people

*Fees agreed upon under previous slide fee scale charts will remain in effect and be honored for the duration of client's time with Michelle Catania, LMFT LLC

*Other extenuating circumstances regarding ability to pay (ex. high medical bills, etc) can be documented below and taken into account when agreeing up on a fee

*Sliding Scale is based on honor of client. If any changes arise in income, please me so adjustments can be made to fee.

*Fees above are based on a regular 45-50 minute session and will be adjusted and documented below if 25-30minute, 75-80 minutes sessions, or group therapy sessions are provided

*Sliding fee clients pay the same rate for an intake session as for a regular session

FINANCIAL AGREEMENT

By signing below I agree to the above fee schedule and understand payment (cash or check) is due in full (including copays) at the beginning of each counseling session.

I also agree to pay a fee of \$10 plus the amount of the check for any returned checks.

I understand the following regarding use of insurance or the sliding fee scale:

If I have insurance coverage with a company that Michelle Catania, LMFT is in-network with (Husky, Anthem Blue Cross/Blue Shield), I have the following options:

___ Bill my insurance using an approved diagnostic code at the fees listed above

___ Pay the fee listed above in full

If I have insurance coverage with a company that Michelle Catania, LMFT is out-of-network with (any

company not listed above), I have the following options:

___ Bill my insurance using an approved diagnostic code (in which case I could be responsible for the

difference between what my insurance covers and the full amount listed above, regardless of what the

allowed amount would be for an in-network provider)

___ Decide not to use my insurance and pay in cash, using the sliding fee scale above, which is an objective fee scale based on my income and other factors

If I do not have insurance coverage, I have the following option:

___ Pay the fee listed above in full if my income exceeds \$80,000/year

___ Pay the appropriate amount based on the sliding fee scale if my income is less than \$80,000/year

The agreed upon fee per 50-minute session is _____.

Comments or notes about fees or fee arrangements:

Client: _____ Date: _____

Parent/guardian: _____ Date: _____

Therapist: _____ Date: _____