

fee agreement

Community Care & Counseling of Aiken

A. Choose one option and sign.

1. Standard Fee

I understand that CC&CA charges a standard fee of \$125 per session. I agree to pay this amount at every session. I, also, understand that as long as I pay all costs out of pocket that no information concerning my diagnosis will be sent by this agency to a third-party payer.

Client Signature

2. Sliding Scale Discount

I understand that CC&CA charges a standard fee of \$ 125 per session and in order to qualify for the sliding scale discount, it is my responsibility to provide documentation of family income required. I agree to pay my fee of \$ _____ at every session.

Income	Charge
\$0 - \$25,000	\$40
\$25,001 - \$50,000	\$60
\$50,001 - \$75,000	\$90
\$75,001 & up	\$125

Client Signature

3. Insurance/Managed Care/EAP Option

I choose to use a third party payer, and I understand and agree that I am liable for all costs allowed by but not paid by the third party such as my deductible, my co-pay or any other amount the third party payer does not cover. I will pay on a session by session basis until my deductible has been met. By using my third-party payer, I am aware that information concerning my diagnosis will be sent as part of the collection process.

Client Signature

B. All Clients Sign

Legal Fees

All of CC&CA's activities pertaining to legal matters will be billed to clients or to their attorneys at the rate of \$125 per hour communicating with other professionals about the case, travel time, and time spent at depositions or in court.

Cancellations

I understand and agree that if I cancel my appointment with less than twenty-four hours notice or if I do not keep my appointment and don't call, the Center may charge me a \$35 fee for that session.

Balance Due

If my account is in arrears more than two sessions, I understand that I will not be seen for counseling again until my account is current. I understand that any unpaid balance may be turned over to a professional collection agency. I understand that I will be billed at my home address for any unpaid balance until it is paid.

Client Signature

Date

Office Manager

Date