

# Crossroads Counseling Center

## FEE SCALE & POLICY

**Licensed Clinical Professional Counselor (LCPC) Fees:**

Gross Annual Family Income	# of Family Members 1-2	# of Family Members 3+
Less than 20,000	\$35	\$30
20,000-30,000	\$50	\$45
30,001-40,000	\$60	\$55
40,001-50,000	\$70	\$65
More than 50,000	\$85	\$75

**Counseling Resident (Master’s Degree) Fees:**

Gross Annual Family Income	# of Family Members 1+
Less than 20,000	\$20
20,001-30,000	\$25
30,001-40,000	\$30
40,001-50,000	\$35
More than 50,000	\$40

*\* Dollar amounts represent cost per 55 minute session.*

**Payment Policy**

Crossroads Counseling Center, a ministry of Chatham Presbyterian Church, is a self-funding ministry. Counseling fees are based on a sliding fee scale and are determined during or before the first counseling session. Because counseling is based on a trust relationship it is expected that you will give an accurate accounting of your income when helping to determine your fee.

If you need assistance filling out insurance forms for reimbursement we will be happy to help you. (Please note: Services provided by a Counseling Resident are not eligible for insurance reimbursement.)

Payment for sessions is expected at the time of services, unless alternative arrangements are made. Failure to keep payments current will result in the temporary termination of counseling until balance can be paid.

Payment can be made in the form of cash or check. If writing a check, please make it payable to Chatham Presbyterian Church. There will be an additional \$25 fee for any returned checks.

Agreed upon fee for counseling \$ \_\_\_\_\_

**Cancellation Policy**

If you need to cancel an appointment you must notify the office within 24 hours of the session in order to avoid a \$30 late cancellation fee. Your insurance company cannot be billed for missed appointments. Emergency situations will be taken into account.

I agree to pay the above stated fee for all counseling sessions received. I have read the payment policy and have given an accurate and fair accounting of my financial situation.

\_\_\_\_\_  
Client/Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LCPC or Counseling Resident Signature

\_\_\_\_\_  
Date