

# MT. PLEASANT COMMUNITY COUNSELING ASSOCIATES

500 S. Main Street, Suite B  
Mt. Pleasant, Michigan 48858

## Fee Agreement

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

The goal of our practice is to provide you with quality service at the lowest possible expense. Our fee for the initial session is **\$180.00** and all subsequent sessions are **\$140.00**. If your insurance company does not cover our services, we will write off a portion of your fee based on your family income using our sliding scale as follows:

**(Please provide the counselor with your insurance card for billing purposes)**

### Annual Gross Family Income: Fee:

|                     |        |
|---------------------|--------|
| \$100,000 and above | \$ 140 |
| \$70,000 and 99,999 | \$ 80  |
| Below 69,999        | \$ 60  |

### **Misc. Expenses that may arise**

|   |        |
|---|--------|
| Late cancellation fee or no show fee  | \$ 35  |
| Substance Abuse Assessment – Regular  | \$ 180 |
| Assessment (under 5 working day's notice)   | \$ 100 |
| Driver's License Screening and Assessment   | \$ 180 |
| Writing Letters for court or other purposes   | \$ 25  |
| Court appearances or Subpoena's per hour<br>(out of county – mileage at the state rate) | \$ 130 |
| Phone calls over 15 minutes   | \$ 15  |
| Return check fee  | \$ 30  |

### **Cost for copying records:**

Initial search fee is \$23.71\*\*  
Pages 1-20 = \$1.19 per page  
Pages 21-50 = \$.60 per page  
Pages 51+ = \$.23 per page  
\*\*A Patient shall not be charged the initial fee for their own medical records. However, a patient can be charged the other permitted per page fees.

**\*Bills that are accrued over \$100.00 must be paid in full before another session is scheduled.**

### INSURANCE AUTHORIZATION

I, the undersigned certify that I (or my dependent) have insurance with \_\_\_\_\_ and assign directly to Mt. Pleasant Community Counseling Associates all insurance benefits, if any, otherwise payable to me for services. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Mt. Pleasant Community Counseling Associates to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. We are located at 500 S. Main Street, Suite B, Mt. Pleasant, Michigan 48858. Our tax I.D. No. is: 38-3387304.

I understand that Mt. Pleasant Community Counseling Associates may be able to bill my insurance company. If not, I understand that it is my responsibility to pay for each session at the time of service, and to contact my insurance company for reimbursement. I understand it is my responsibility to know my insurance benefits, and it is my responsibility to pay for counseling services if my insurance does not. I also understand that my fee will be **\$140.00** if covered by insurance or \$\_\_\_\_\_ (see chart above) if based on a sliding scale fee. I understand if I do not attend my scheduled appointment and have not given at least 24 hours advance notice, I may be billed \$35.00.

\_\_\_\_\_  
Responsible Party Signature Relationship Date

\_\_\_\_\_  
Client/guardian/print Counselor Date

