SELF PAY AGREEMENT FORM

I understand I am not using insurance for these services.

CLIENT'S NAME_____ DOB_____

CLIENT OR PARENT/GUARDIAN SIGNATURE_____ DATE _____

2023 Fee Schedule

Graduate Intern: $40

Resident Fee Schedule:

Intake Psychotherapy: $70

60 minute Individual Psychotherapy: $105

45 minute Individual Psychotherapy: $70

30 minute Individual Psychotherapy: $55

Resident Family/Couples Counseling: $105

Resident Family Counseling Without Client Present: $55

Reunification Therapy: $105

Coparenting Therapy: $105

Licensed Clinician Fee Schedule:

Licensed Clinician Intake Psychotherapy: $200

Licensed Clinician 30 minute Psychotherapy: $100

Licensed Clinician 45 minute Psychotherapy: $150

Licensed Clinician 60 minute Psychotherapy: $200

Licensed Clinician Family/Couples Counseling: $200

Licensed Clinician Family Counseling Without Client Present: $100

Reunification Therapy: $200

Coparenting Therapy: $200

Court Related Appearances: $200 per hour

Letter Requests: $50

Missed Appointment Fee: price of appointment