



## Fee Schedule

Individual or Couples Counseling Session	\$150
Reunification Counseling Session	\$200
Court Involved Counseling Session	\$150-\$250
Court Services*	\$200/hr
Emotional Support Animal Evaluation	\$200
Emotional Support Animal Renewal	\$150
TheraChat or OhMD Monthly Membership	\$350

### \*Information Regarding Court Services:

- Court services require a one hour minimum.
- Fees apply to travel, records review, report writing, communicating with the attorney, communication with the counselor outside of scheduled sessions, waiting at court, and testimony time.
- After the first hour, all time will be billed in quarter hour increments.
- There is a minimum fee of 4 hours (\$1,000) required for any court appearance or testimony, regardless of actual time spent.
- The fee to reserve a full day (9am-5pm) for a court appearance is \$2,000.
- If the court appearance is cancelled with less than four days notice, the minimum four-hour fee applies.

### Fees

Fees are based on the services provided. A Sliding Scale/Discounted fee is available for clients who meet specified criteria. If you wish to explore this possibility, please speak directly with your counselor. You may be required to provide proof of income (ex. Tax Return, paystub) in order to receive a discounted fee. There are a limited number of sliding scale appointments available.

### Payments

Full payment is expected at the time of service by cash, credit cards and debit cards as well as specific payment apps (Venmo, Cashapp). Failure to pay for services may result in your services being suspended and/or late fees until your account is paid in full. If the decision is made to submit your account to a collection agency, you will be responsible for any attorney and/or other fees incurred in collecting your overdue balance.

### Cancellations and/or Missed Appointments

If you are unable to keep your scheduled appointment, please contact your counselor directly at least 24 hours before your appointment time. If you fail to cancel your appointment at least 24 hours in advance you will be charged the full fee for the missed session. Clients who cancel and/or miss three (3) or more sessions may be discharged from treatment.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if minor) \_\_\_\_\_ Date \_\_\_\_\_