



Fee & Payment Agreement

Dear Client:

We are pleased that you have chosen Second Chance Counseling Center to meet your counseling needs. Our commitment here is to make your treatment as productive as possible. Your therapist will *be discussing your specific needs and a plan to address those needs with you.*

We would like to make you aware of the charges for our professional services. They are:

- INDIVIDUAL or FAMILY OUTPATIENT COUNSELING:
\$210 (Initial/Intake Session – 1.5 Hours) \$175/per Hour
- M.E.N.S. GROUP COUNSELING: \$75 Intake/ \$75 Exit Interview /
\$25.00/per hour Weekly Meetings / \$50/per hour bi-weekly (Cheboygan and Gaylord location)
- SUBSTANCE USE ASSESSMENT: \$150.00 at time of service / \$25/ per hour Outpatient Group
- SECRETARY OF STATE: \$200 for evaluation
- DOMESTIC VIOLENCE / ANGER MANAGEMENT ASSESSMENT: \$150.00
- ALCOHOL HIGHWAY SAFETY EDUCATION: \$150.00

PAYMENT OPTIONS

- I agree to pay my fee at the time service is rendered.
- I have shown the need and good faith to make the following payment arrangements with my therapist: \$Any special fee arrangements per session. I understand that I am responsible for any balance remaining on my account at time of discharge, at which time I will set up a new payment arrangement with my therapist. ***All payments with card are issued a \$2.50 service fee.**
- Special fee/payment option: Any special payment arrangements made with Clinician and Client

*Debit/Credit Card: Credit Card Number, Exp, Security Code, Zip Code Associated with Card

Please notify us **24 hours in advance** if possible. I understand I will still be responsible for a **\$75.00 fee** if my cancellation is last-minute or if I fail to show without contacting.

****You are responsible for the costs of services if your insurance company does not pay for your services.**

Again, thank you for choosing our professional services. Any questions that you have regarding fees or payment arrangement can be directed to your therapist.

My signature below indicates that I have received and read this agreement.

Client Signature: _____

Date: _____