

Graceview Counseling Center
 25510 Tomball Parkway
 Tomball, Texas 77375
 713-306-7061
 www.graceviewcc.com
graceviewcounselingcenter@gmail.com

Fee Schedule

Individual Counseling	50 minutes per session	\$120.00
Family/Couples Counseling	50 minutes per session	\$120.00
Consultation	Per hour to schools, parents, agencies etc...	\$120.00
Telephone Consultation	Over 10 minutes – No more than 50 minutes	\$120.00
Preparation of Documents	Work/School/ or other individual or organization as requested. (Minimum of 2 week notice must be given; Does not include school/work excuse forms)	\$120/hour

*A sliding fee scale is available upon request if a client is financially unable to pay the session rate noted above. The adjusted rate will be handled on an individual client basis as the need arises. The client will need to advise the therapist if there is a need to discuss sliding scale fees.

BILLING POLICY

1. Appointments must be cancelled **24 hours in advance** or client **will be charged the full session fee**. If a client cancels and/or does not show to 3 appointments, Graceview Counseling Center reserves the right to change client appointment scheduling to same-day appointments or discharge client from services. Payment for sessions cancelled without notice is expected prior to scheduling the next appointment.
2. Fees are to be paid at the time services are rendered. Check or credit card are accepted forms of payment. It is helpful to have checks made out before the session begins. **Returned checks are subject to a \$20 service fee which must be paid prior to the next appointment, and future payments will be required to be made with cash or money order.**
3. An encounter form (superbill), verifying client's payment for session, is provided upon request should client wish to file an insurance claim.
4. I understand that I am responsible for full payment of all fees for services provided by Graceview Counseling Center, regardless of whether there is insurance coverage. If I have insurance, I understand that I am responsible for knowing the specific terms and limits of my insurance coverage, and that I am ultimately responsible for full payment of fees. Furthermore, unless prior arrangements are made, I agree to pay any self-pay fees, copayments, and/or coinsurance amounts at the end of each session.

I, the undersigned, have read and do agree to the above fee and billing policies of this office.

Responsible Party's Signature: _____ Date: _____