

MASTER'S LEVEL THERAPISTS FEES

SESSION FEES

These Fees are for CASH clients only. You will be responsible for paying the balance of the fee at the time of your session.

CASH CLIENTS FEE SCALE

Your fee is determined according to income and family size, based upon this scale.

FEE	Income According to Family Size							
	1	2	3	4	5	6	7	8
\$110	\$100,001 and above	\$120,001 and above	\$130,001 and above	\$150,001 and above	\$160,001 and above	\$170,001 and above	\$180,001 and above	\$190,001 and above
\$100	\$100,000 to \$70,001	\$120,000 to \$90,001	\$130,000 to \$100,001	\$150,000 to \$120,001	\$160,000 to \$130,001	\$170,000 to \$140,001	\$180,000 to \$150,001	\$190,000 to \$160,001
\$90	\$70,000 to \$50,001	\$90,000 to \$60,001	\$100,000 to \$70,001	\$120,000 to \$80,001	\$130,000 to \$90,001	\$140,000 to \$100,001	\$150,000 to \$110,001	\$160,000 to \$120,001
\$80	\$50,000 to \$30,001	\$60,000 to \$40,001	\$70,000 to \$50,001	\$80,000 to \$60,001	\$90,000 to \$70,001	\$100,000 to \$80,001	\$110,000 to \$90,001	\$120,000 to \$100,001
\$70	\$30,000 and under	\$40,000 and under	\$50,000 and under	\$60,000 and under	\$70,000 and under	\$80,000 and under	\$90,000 and under	\$100,000 and under

Based upon this scale, I will pay \$ _____ per 50 minute session.

I understand that this rate will also apply to phone contact and subpoenaed court appearances, including travel time. There is no charge for phone calls lasting 10 minutes or less.

Client Printed Name: _____ Client Signature: _____ Date: _____