

# CRESCENT CITY COUNSELING CENTER & ASSOCIATES, LLC

## THERAPY FEES

Effective November 1, 2014 for new clients

- The Fee for Services is \$125.
- Ask about insurance coverage. Many major insurances accepted.
- For noninsured persons, ask about our sliding fee scale.

Services	Intern	Mental Health Practitioner	Licensed Mental Health Professional
90801 Intake (45-50 min)	\$100.00	\$115.00	\$150.00
90806, 90846, 90847, H2019 (Individual, couple, or family session, including DBT (45-50 min)	\$75.00	\$90.00	\$125.00
90808 Extended session (75-80 min)	\$100.00	\$115.00	\$150.00
90804 Short Session (25-30 min)	\$35.00	\$45.00	\$65.00
90856 Group therapy session	Varies _____	Varies _____	Varies _____
90853, S9480, 90857, H2019 DBT Intensive Outpatient Group (90 minutes)	\$140.00	\$140.00	\$140.00

\*Sliding fee scale available for all cash clients seeing interns, mental health practitioners, or licensed mental health professional

\*Fees are as of November 1, 2014 and are adjusted periodically

### SLIDING FEE SCALE

Annual Income	Intern	Mental Health Professional	Licensed Mental Health Professional
\$19,999.00 or less	Refer to OLHCC	Refer to OLHCC	\$60.00
\$20,000-\$34,999.00	Refer to OLHCC	\$50.00	\$70.00
\$35,000-\$49,999.00	\$30.00	\$60.00	\$80.00
\$50,000-\$59,999.00	\$40.00	\$65.00	\$90.00
\$60,000-\$69,999.00	\$50.00	\$70.00	\$100.00
\$70,000-\$79,999.00	\$60.00	\$75.00	\$110.00
\$80,000.00+	\$75.00	\$90.00	\$125.00

\*If the fees are not within the client's possibilities, then the client may be referred to OLHCC at a rate of \$15.00 an hour.

\*Sliding fee scale is based on the average family of 2-4 people and can be adjusted higher or lower based on the number of people living in the home

\*Fees agreed upon under previous slide fee scale charts will remain in effect and be honored for the duration of client's time with Crescent City Counseling Center & Associates, LLC.

\*Other extenuating circumstances regarding ability to pay (ex. high medical bills, etc.) can be documented below and taken into account when agreeing up on a fee

\*Sliding Scale is based on honor of client. If any changes arise in income, please notify Crescent City Counseling Center & Associates, LLC so adjustments can be made to fee.

\*Fees above are based on a regular 45-50 minute session and will be adjusted and documented below if 25-30 minute, 75-80 minutes sessions, or group therapy sessions are provided

\*Sliding fee clients pay the same rate for an intake session as for a regular session

## FINANCIAL AGREEMENT

By signing below I agree to the above fee schedule and understand payment (cash, check, Visa, MasterCard, or Discover) is due in full (including copays) at the beginning of each counseling session.

I also agree to pay a fee of \$10 plus the amount of the check for any returned checks.

I understand the following regarding use of insurance or the sliding fee scale:

If I have insurance coverage with a company that Crescent City Counseling Center & Associates, LLC or Dr. Roy A. Salgado, Jr. is in-network with (Cigna, Blue Cross/Blue Shield of Louisiana, Ticare, or Magellan) I have the following options:

Bill my insurance using an approved diagnostic code at the fees listed above

Pay the fee listed above in full

If I have insurance coverage with a company that Crescent City Counseling Center & Associates, LLC or Dr. Roy A. Salgado, Jr is out-of-network with (any company not listed above), I have the following options:

Bill my insurance using an approved diagnostic code (in which case I could be responsible for the difference between what my insurance covers and the full amount listed above, regardless of what the allowed amount would be for an in-network provider)

Decide not to use my insurance and pay in cash, using the sliding fee scale above, which is an objective fee scale based on my income and other factors

If I do not have insurance coverage, I have the following option:

Pay the fee listed above in full if my income exceeds \$80,000/year

Pay the appropriate amount based on the sliding fee scale if my income is less than \$80,000/year

\*Insurance can only be billed by a Licensed Mental Health Professional. Your insurance company cannot be billed if you are being seen by an Intern or a Mental Health Professional.

The agreed upon fee per 50-minute session is \_\_\_\_\_.

Comments or notes about fees or fee arrangements:

\_\_\_\_\_  
\_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_