



Where pain and suffering  
*Meet hope and healing.*

355 N 21<sup>st</sup> Street, Suite 208, Camp Hill, PA 17011  
 (717) 766-0935 | www.inhimchristianwellness.org

## Financial Agreement

I, \_\_\_\_\_, agree to pay \_\_\_\_\_ based on the service(s) provided, the established fees, and sliding scale rates as outlined below. I agree to pay the \$60 no-show/late cancellation fee when I do not give my clinician at least a twenty-four (24) hour notice of my need to cancel an appointment. I understand that it is my responsibility to remember my appointment(s) and arrive on time. I agree to pay all charges related to penalties associated with unsuccessful payments.

### **Fees and Services:**

\$20/session—Group Counseling (sliding scale not utilized)

\$100/hour—Individual/marriage/family/play therapy; nutrition; creative arts, financial

Massage pricing—contact KellyAnne Clinical Massage

### **Gross Annual Income of Entire Household (before taxes)**

*Enter monthly pre-tax income amount in blank provided (proof of income may be required):*

Wages, Salaries, Tips, Self-Employment, etc. \_\_\_\_\_

Interest, Dividends, Capital Gains, etc. \_\_\_\_\_

(enter only if amounts total over \$3000) \_\_\_\_\_

Pensions, Annuities, etc. \_\_\_\_\_

Unemployment compensation \_\_\_\_\_

Social Security, Supplemental Security, \_\_\_\_\_

Disability benefits \_\_\_\_\_

Child Support, Alimony, Other Aid \_\_\_\_\_

(including gov't aid for child care) \_\_\_\_\_

Other Income \_\_\_\_\_

**Total Gross Monthly Income** \_\_\_\_\_ (Line A)

**Estimated gross yearly income (Line A x 12)** \_\_\_\_\_ (Line B)

### **Deductions**

# of Dependents (as reported on tax return) \_\_\_\_\_ (Line C)

Number shown on Line C x \$5000.00 \_\_\_\_\_ (Line D)

### **Income Considered for Sliding Scale**

Subtract Line D from Line B = \_\_\_\_\_ (Line F)



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**Using scale below, figure hourly rate based on amount shown on Line F:**

\$30,000- \$34,999	\$35,000- \$39,999	\$40,000- \$44,999	\$45,000- \$49,999	\$50,000- \$54,999	\$55,000- \$59,999	\$60,000- \$64,999	\$65,000- \$69,999	\$70,000 or more
\$60	\$65	\$70	\$75	\$80	\$85	\$90	\$95	\$100

**Hourly fee:** \_\_\_\_\_

*\*If you believe you have extenuating financial circumstances not factored into the above equation that render you unable to afford the calculated hourly rate, please bring these to the attention of your clinician. Any reductions of the hourly rate based on such circumstances will be made after a consultation with our budget expert.*

***Check with your clinician regarding insurance acceptability.***

**Other financial assistance options for services include:**

- Current Promotions (*ask your clinician*)
- Church Partnership Discounts (*check with Jon Burchard at [jburchard@inhimchristianwellness.org](mailto:jburchard@inhimchristianwellness.org) to see if your church is participating*)
- Financial support from churches or other community organizations (*letter of explanation available*)
- Financial support from friends and family

***Our goal is to provide quality services to promote healing and wellness that are accessible and available to all.***

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician signature

\_\_\_\_\_  
Date