

**Redeeming Love LLC  
Financial Policy**

Welcome!

Thank you for choosing Redeeming Love LLC. We are committed to providing you with the best possible care. Your clear understanding of my financial policy is important. We have provided the following information to help you understand your financial responsibility for services received:

All therapy sessions are considered self-pay or an out of pocket expense. The rates are conducted on a sliding scale fee based off family income.

Sliding scale fees:

- \$30,000 or less                 \$45 / per session
- \$31,000-\$40,000             \$55 / per session
- \$41,000-\$50,000             \$65 / per session
- \$51,000-\$60,000             \$75 / per session
- \$61,000-\$70,000             \$85 / per session
- \$71,000-\$80,000             \$95 / per session
- \$81,000-\$90,000             \$105 / per session
- \$91,000-\$100,000            \$120 / per session
- \$101,000 and above         \$130 / per session

All fees are per session rates based on a 38-52 minute session.

If a client chooses not to use the entire 38-52 minute session the fee for the session time does not change. If the client exceeds 52 minutes additional charges will apply.

\*Redeeming Love LLC can change this policy at any time and exceptions are at the discretion of the company.

Payments are due at the beginning of each session. A link from IVY will be sent to your phone via text message for you to enter your own card information. Your card information will be stored in the IVY app for future payments. If at any time your card information needs to change let me know and we will get it updated so there are no delays in treatment. If the 52 minute session is exceeded an addition charge will be applied depending on how long the session was extended.

Fees for Extended time:

- +1-15 minutes   \$15
- +16-30 minutes   \$25

**Payment Forms Accepted:**

*(Please circle your card type. If not listed please write in other.)*

Visa    MasterCard    Discover         American Express         Other: \_\_\_\_\_

I \_\_\_\_\_, hereby agree and understand the terms of payment presented in this document. I agree to pay for my sessions at the beginning of the session. I understand if I cannot afford my session, I need to cancel the appointment no later than 48 hours before the appointment or I will still be charged.

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Witness Signature and Credentials

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

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