

SLIDING SCALE FEE PROGRAM

I am the responsible party for payment of services rendered by Maria S. White to _____ (client's name) and agree to pay \$_____ per session (50 min.) at the time of delivery of services. (The chart below is provided as a guideline).

Checks should be made payable to: Resilient Journeys. If a session is missed without a 24-hour notice, a missed session fee of \$50 will be charged.

Sliding Fee Scale		# of dependents		
		0	1	2+
Family Income	\$0 - \$10,000 (yearly) \$0 - \$200 (weekly)	\$75	\$65	\$65
	\$10,001 - \$20,000 (yearly) \$201 - \$400 (weekly)	\$95	\$85	\$75
	\$20,001 - \$30,000 (yearly) \$401 - \$600 (weekly)	\$115	\$105	\$95
	\$30,001 - \$40,000 (yearly) \$601 - \$800 (weekly)	\$135	\$135	\$125
	\$40,001+ (yearly) \$801+ (weekly)	\$135	\$135	\$135

Party responsible for payment

Date

Witness

Date

For group therapy:

Sliding Fee Scale		# of dependents		
		0	1	2+
Family Income	\$0 - \$10,000 (yearly) \$0 - \$200 (weekly)	\$59	\$54	\$54
	\$10,001 - \$20,000 (yearly) \$201 - \$400 (weekly)	\$62	\$61	\$59
	\$20,001 - \$30,000 (yearly) \$401 - \$600 (weekly)	\$66	\$64	\$62
	\$30,001 - \$40,000 (yearly) \$601 - \$800 (weekly)	\$70	\$70	\$68
	\$40,001+ (yearly) \$801+ (weekly)	\$70	\$70	\$70