



Psychamerica Behavioral Services LLC Big Bear Behavioral Health Inc.

Nationally accredited by the Joint Commission for behavioral health excellence



www.BigBearCounseling.org

www.psychamerica.org

EMAIL Referrals@bigbearcounseling.org

TEL 800.840.2528 Ext 1

FAX 407.540.9552

Private Pay Agreement

You are being provided with this agreement because it was determined that you do not possess a funding source (i.e. Medicaid, CBC, or FSPT) that Big Bear is able to bill on your behalf in receipt of services. All private pay rates are equal to those with which are reimbursed by Medicaid. All private pay clients are expected to pay in full at the time of service. You may make a payment in the form of cash, money order or online via Paypal at www.bigbearcounseling.org

Service	Rate	Frequency
Intake	\$150.00	One time per admission
Individual or Family Therapy	\$75.00	Per hour
Psychiatric Evaluation	\$210.00	One time per admission
Medication Management	\$60.00	Per event
Mental Health Assessment	\$200.00	Per event
Parenting Class	\$200.00	Entire program
Group Therapy	\$26.00	Per hour
Psychosocial Rehabilitation	\$36.00	Per hour

The following are terms of this agreement that require your initials as a statement of understanding.

1. If you need to cancel an appointment, you must do so prior to 24 hours in order to being charged a cancellation fee of \$25.00. _____
2. If you do not keep a scheduled appointment, you will be charged a fee of \$25.00, which must be paid in full, prior to rescheduling your next appointment. _____
3. If you fail to keep three sessions without cancelling them within 24 hours advanced notice, your case will be closed and you will be provided with referrals to other agencies in the community. _____

Client Signature

___/___/___
Date

Parent/Guardian Signature (if client <18)

___/___/___
Date

Primary Clinician Signature/Credentials

___/___/___
Date