



Payment Options-Tupaco Counseling & Integrated Wellness, LLC

Jessica Tupa, LPCC-S | Sliding Fee Scale

It is my firm belief that everyone should be able to afford mental health care, regardless of insurance coverage or means. If you do not have insurance or are choosing not to use insurance, I ask you to identify what you can pay within my scale and then I negotiate to an agreed amount. While I ask you to define a number up front, I treat this like an ongoing conversation. As your circumstances change, simply let me know and we will change this agreement to meet your needs.

I use many tools to help determine what is fair for everyone. This document shares some of those methods for your own clarification.

1. My base billing fees are:
 - \$185 for **initial appointments**, and 90 minute appointments
 - \$170 for 60 to 75-minute sessions
 - \$155 for 50 to 60-minute sessions (This is the standard regular session).

The above rates are for individual therapy. Please add \$25 per session for couples.

I let each client choose where they land on the scale, and I offer ways to assist in that selection. I don't ask for proof, and I don't argue. All I ask is that you pick what truly matches your sense of need and ability so that I can make my services accessible to everyone.

2. My basic sliding fee using income guidelines looks as follows:

Net Annual Household Income	50 to 60-Minute Sessions	60 to 75-Minute Sessions	75 to 90-Minute Sessions
\$100 K and above	\$155	\$170	\$185
\$85,001 to \$99,000	\$150	\$165	\$190
\$65,001 to \$85,000	\$145	\$160	\$175
\$42,001 to \$65,000	\$135	\$150	\$165
\$33,001 to \$42,000	\$120	\$135	\$150
< \$33,001	I will be happy to refer you.		

Effective 10/01/2025

3. Often income is not a full picture of an individual's ability to pay. If you feel like the income guidelines don't match your needs, you can ask yourself some clarifying questions.
 - a. Consider paying less if you answer "yes" to any of the following:
 - i. Do you support children or have other people who depend on you for income?
 - ii. Do you have significant debt?
 - iii. Do you have medical expenses not covered by insurance?
 - iv. Do you receive public assistance?
 - v. Do you have immigration-related expenses?
 - vi. Do you perform unpaid work (such as: artistry, internships, or community organizing)?
 - vii. Have you been denied work due to a history of incarceration?
 - b. Consider paying more if you answer "yes" to any of the following:
 - i. Do you own the home you live in?
 - ii. Do you have investments, retirement accounts, or inherited money?
 - iii. Do you travel recreationally?
 - iv. Do you have access to family money and resources in times of need?
 - v. Do you work part time, by choice?
 - vi. Do you have a relatively high degree of earning power due to level of education or other social gains (even if you are not currently exercising your earning power)?
4. This infographic is another way of considering what your needs might be versus others:



PERSONAL FINANCIAL EXPERIENCE

*BASIC NEEDS include food, housing, and transportation. **EXPENDABLE INCOME might mean you are able to buy coffee or tea at a shop, go to the movies or a concert, buy new clothes, books, and similar items each month, etc.

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AGREEMENT PAGE

Name:	Date of Birth:
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I agree to pay:

- \$_____ for initial appointment and 75 to 90-minute sessions
- \$_____ for 60 to 75-minute sessions
- \$_____ for 50 to 60-minute sessions

I AGREE THAT I WILL PAY IN FULL AT THE TIME OF EACH SESSION AT THIS RATE, UNLESS OTHERWISE DISCUSSED WITH MY THERAPIST.

Client/Guardian/Sponsor Signature (Responsible party) Date

Relationship to Client

SIGNATURE OF PARTNER OR OTHER FAMILY MEMBER(S) (IF APPLICABLE):

Signature Date

Jessica Tupa, LPCC-S Date

Additional Notes:

If you may be paying remotely with a credit card please list your credit card information in the space below. It will be stored in a locked file drawer, in your file, with your information.

Card #:

Expiration date:

3 digit code (back of card):

Billing Zip code for Card: