

THE GUIDANCE CENTER, INC.

Fee Agreement Form

Client's Name: _____ Payment Guarantor: _____

Initial all that apply

_____ Initial assessment/evaluation fee: \$200. Hourly fees: \$250/individual, \$100/group or as otherwise described.

_____ I understand that I am responsible for my co-pay, co-insurance, deductible, and any charges not covered by my insurance or other payer source. I agree to pay these charges at the time services are provided.

_____ I have signed appropriate billing releases.

_____ I request a sliding fee because I do not have insurance. I will pay this fee at the time services are provided.

To support my request for sliding fee, I have provided the following documentation:

_____ Prior year's tax return	_____ Pay stub	_____ Net worth statement
_____ Kansas Medical card	_____ Bank statement showing direct deposit	_____ Other
_____ W-2		

_____ The service I am requesting is not covered by insurance. I am responsible for the cost of that service.

_____ I understand my fee, as described below.

_____ I understand that failure to pay for service at the time of the appointment may prevent scheduling further appointments.

_____ **I certify that the above information is accurate. I agree to notify the Center of any changes in this information during the course of treatment.**

Client's/Guarantor's Signature, Date

Witness Signature, Date

Fee Information

In-network copay: _____	Out of network copay: _____
In-network deductible: _____	Out of network deductible: _____
Copayment or Fee:	
Assessment _____	Group _____
Individual _____	Psychiatry _____
Other service _____	
Cost, description _____	

Income/Residency Information if Applicable

Number of Income Recipients in Household _____	Combined Annual Gross Income _____
Number of Persons in the Household _____	Type of Kansas Residency Verification _____
Meets FPG? _____ No _____ Yes _____	% of FPG _____

INTAKE

Gross Family Wages						Number of Persons Dependent on Income						
Yearly		Monthly		Weekly		1	2	3	4	5	6	7
\$0	\$13,554	\$0	\$1,130	\$0	\$260	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
\$13,555	\$18,360	\$1,131	\$1,530	\$261	\$353	\$22.50	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
\$18,361	\$23,238	\$1,531	\$1,937	\$354	\$447	\$30.00	\$22.50	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
\$23,239	\$28,080	\$1,938	\$2,340	\$448	\$540	\$37.50	\$30.00	\$22.50	\$20.00	\$20.00	\$20.00	\$20.00
\$28,081	\$32,922	\$2,341	\$2,743	\$541	\$633	\$45.00	\$37.50	\$30.00	\$22.50	\$20.00	\$20.00	\$20.00
\$32,923	\$37,764	\$2,744	\$3,147	\$634	\$726	\$52.50	\$45.00	\$37.50	\$30.00	\$22.50	\$20.00	\$20.00
\$37,765	\$42,606	\$3,148	\$3,550	\$727	\$819	\$67.50	\$52.50	\$45.00	\$37.50	\$30.00	\$22.50	\$20.00
\$42,607	\$47,448	\$3,551	\$3,954	\$820	\$912	\$82.50	\$67.50	\$52.50	\$45.00	\$37.50	\$30.00	\$22.50
\$47,449	\$52,290	\$3,955	\$4,357	\$913	\$1,005	\$97.50	\$82.50	\$67.50	\$52.50	\$45.00	\$37.50	\$30.00
\$52,291	\$57,132	\$4,358	\$4,761	\$1,006	\$1,099	\$112.50	\$97.50	\$82.50	\$67.50	\$52.50	\$45.00	\$37.50
\$57,133	\$61,974	\$4,762	\$5,164	\$1,100	\$1,192	\$127.50	\$112.50	\$97.50	\$82.50	\$67.50	\$52.50	\$45.00
\$61,975	\$66,816	\$5,165	\$5,568	\$1,192	\$1,284	\$135.00	\$127.50	\$112.50	\$97.50	\$82.50	\$67.50	\$52.50
\$66,817	Above	\$5,569	Above	\$1,285	Above	\$200.00	\$155.00	\$142.50	\$135.00	\$127.50	\$120.00	\$112.50

Individual Therapy, Family Therapy, Medication Management

Gross Family Wages						Number of Persons Dependent on Income						
Yearly		Monthly		Weekly		1	2	3	4	5	6	7
\$0	\$13,554	\$0	\$1,130	\$0	\$260	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
\$13,555	\$18,360	\$1,131	\$1,530	\$261	\$353	\$20.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
\$18,361	\$23,238	\$1,531	\$1,937	\$354	\$447	\$20.00	\$20.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
\$23,239	\$28,080	\$1,938	\$2,340	\$448	\$540	\$25.00	\$20.00	\$20.00	\$15.00	\$15.00	\$15.00	\$15.00
\$28,081	\$32,922	\$2,341	\$2,743	\$541	\$633	\$30.00	\$25.00	\$20.00	\$20.00	\$15.00	\$15.00	\$15.00
\$32,923	\$37,764	\$2,744	\$3,147	\$634	\$726	\$35.00	\$30.00	\$25.00	\$20.00	\$20.00	\$15.00	\$15.00
\$37,765	\$42,606	\$3,148	\$3,550	\$727	\$819	\$45.00	\$35.00	\$30.00	\$25.00	\$20.00	\$20.00	\$15.00
\$42,607	\$47,448	\$3,551	\$3,954	\$820	\$912	\$55.00	\$45.00	\$35.00	\$30.00	\$25.00	\$20.00	\$20.00
\$47,449	\$52,290	\$3,955	\$4,357	\$913	\$1,005	\$65.00	\$55.00	\$45.00	\$35.00	\$30.00	\$25.00	\$20.00
\$52,291	\$57,132	\$4,358	\$4,761	\$1,006	\$1,099	\$75.00	\$65.00	\$55.00	\$45.00	\$35.00	\$30.00	\$25.00
\$57,133	\$61,974	\$4,762	\$5,164	\$1,100	\$1,192	\$85.00	\$75.00	\$65.00	\$55.00	\$45.00	\$35.00	\$30.00
\$61,975	\$66,816	\$5,165	\$5,568	\$1,192	\$1,284	\$90.00	\$85.00	\$75.00	\$65.00	\$55.00	\$45.00	\$35.00
\$66,817	Above	\$5,569	Above	\$1,285	Above	\$150.00	\$145.00	\$135.00	\$130.00	\$125.00	\$120.00	\$115.00