

Self-Pay Financial Agreement

Our full-fee schedule is as follows:

Comprehensive psychological assessment	\$2500
Psychotherapy intake	150
*Psychotherapy session	105
Group psychotherapy	60
Health & wellness intake	150
Health & wellness session	105

*Psychotherapy is billed in 15-minute increments, quoted fees are for a typical 45-minute session

The Pacific Psychology and Comprehensive Health Clinics offer a number of discounts:

- Income-based discounts
- Prompt-pay discounts
- Bundling discounts
- Veteran and student discounts

Income-based discounts:

These discounts are based upon Federal Poverty guidelines, taking into account household size and income. We encourage you to consider applying for health coverage through the Oregon Health Plan, you may qualify for coverage. We are happy to assist you in starting that process or in determining your eligibility for an income-based discount. To qualify, you will need to provide documentation of income at your first appointment. Acceptable forms of documentation include:

- most recent tax return
- pay stub
- signed letter from employer
- bank statement
- government or retirement benefits pay stub
- benefits distribution summary

Please note that clients who qualify for income-based discounts will not qualify for prompt-pay discounts. To determine your eligibility for an income based discount use the chart below by finding your family size, household income, and discount tier. This will determine your out-of-pocket expenses for each service

Family Size	Total Household Income			
	0-199%	200-299%	300-399%	400-499%
1	<\$23,759	\$23,760-\$35,639	\$35,640-\$47,519	\$47,521-\$59,399
2	<\$32,039	\$32,040-\$48,059	\$48,060-\$64,079	\$64,080-\$80,099
3	<\$40,319	\$40,320-\$60,479	\$60,480-\$80,639	\$80,640-\$100,799
4+	<\$48,599	\$48,600-\$72,899	\$72,900-\$97,199	\$97,200-\$121,199

	Full Price	Total Household Income			
		0-199%	200-299%	300-399%	400-499%
Comprehensive psychological assessment	\$2500	N/A	\$625	\$875	\$1125
Psychotherapy intake	150	23	38	53	68
*Psychotherapy session	105	16	26	37	47
Group psychotherapy	60	9	15	21	27
Health & wellness intake	150	23	38	53	68
Health & wellness session	105	16	26	37	47

*Psychotherapy is billed in 15-minute increments, quoted fees are for a typical 45-minute session

Prompt-pay discounts:

Clients who do not qualify for income-based discounts are eligible to receive prompt-pay discounts. To receive this discount fees must be paid at the time of service. Our prompt-pay discount schedule is as follows:

Comprehensive psychological assessment	\$1125
Psychotherapy intake	68
*Psychotherapy session	47
Group psychotherapy	27
Health & wellness intake	68
Health & wellness session	47

*Psychotherapy is billed in 15-minute increments, quoted fees are for a typical 45-minute session

Individuals enrolled in group psychotherapy can receive a further 20% discount on group fees if they are paid in full at or before the time of the second group session

Bundling discounts:

Individuals who receive multiple services, or families from which multiple members receive services, are eligible for bundling discounts. To receive these discounts, each service must have been engaged within the last 120 days. Family members are defined as first or second-degree relatives or domestic partners living in the same household.

Number of services	Discount
2	25%
3	40%
4+	50%

In addition, individuals enrolled in group psychotherapy can receive a further 20% discount on group fees if they are paid in full at or before the time of the second group session.

Veteran and Student discounts:

Veterans and students with valid ID cards qualify for special discounts on psychotherapy and health & wellness services. This discount does not extend to comprehensive psychological assessments. Post 9/11 war zone veterans are eligible to receive pro bono psychotherapy and health & wellness services. Our veteran/student discount schedule is as follows:

	Student/Veteran	Post 9/11 War Zone Veteran
Comprehensive psychological assessment	\$2500	\$2500
Psychotherapy intake	25	Free
*Psychotherapy session	10	Free
Group psychotherapy	5	Free
Health & wellness intake	25	Free
Health & wellness session	10	Free

*Psychotherapy is billed in 15-minute increments, quoted fees are for a typical 45-minute session

Cancellation/lateness policy:

Pacific Psychology and Comprehensive Health Clinic maintains a 24-hour cancellation policy. If you cancel within 24 hours or do not present to your appointment you will be charged a \$10 late cancellation fee. Being over 15 minutes late for your appointment might result in an automatic no show. Three or more late cancellations and/or no-shows within three months might result in being put on hiatus from receiving services.

Attestation of Acceptance of Terms:

Based on your eligibility for discounts offered by Pacific Psychology and Comprehensive Health Clinic, at this time your fee schedule is as follows:

You are eligible to receive _____ discounts.

Comprehensive psychological assessment	
Psychotherapy intake	
*Psychotherapy session	
Group psychotherapy / activity therapy	
Health & wellness intake	
Health & wellness session	

*Psychotherapy is billed in 15-minute increments, quoted fees are for a typical 45-minute session

If, at any time, you believe your eligibility has changed, please do not hesitate to inform us. We are committed to providing you with quality care at affordable rates.

Please initial below to indicate your understanding of, and agreement with, the following:

_____ I agree to pay the amounts listed above at the time of service(s).

_____ I understand the terms of the discount I am receiving.

_____ I am aware of the late-cancellation and no-show policy, and understand I will be charged \$10 if I cancel an appointment within 24 hours or do not present to my appointment.

For recipients of income-based discounts:

_____ I agree to provide documentation of my income every 6 months for as long as I am receiving services with income-based discounts.

For recipients of prompt-pay discounts:

_____ I am aware that if I do not pay in full at the time of service I will be charged the full price for any services I have received.

I understand and agree to abide by the Self-Pay Agreement described above:

Client Name

Client Signature

Date

Legal Representative Name

Legal Representative Signature

Date