

Self-Pay Financial Agreement

Our full-fee schedule is as follows:

Comprehensive psychological assessment	\$2500
ADD/ADHD Specific Psychological Assessment	350
Therapy Intake	260
Individual Therapy Session*	105
Behavioral Health Therapy Session**	35
Couples/Family/PCIT Therapy	140
Group Therapy	60
Naturopathic (NUNM) services***	85-355
Speech-Language Pathology (SLP) services***	25-214

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

** Behavioral Health Therapy is billed in 15-minute increments

*** SLP, NUNM fees vary by length and complexity of appointment

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

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	<\$24,855	\$24,856-\$37,345	\$37,346-\$49,835	\$49,836-\$62,325	
2	<\$33,651	\$33,652-\$50,561	\$50,562-\$67,471	\$67,472-\$84,381	
3	<\$42,447	\$42,448-\$63,777	\$63,778-\$85,107	\$85,108-\$106,437	
4+	<\$51,243	\$51,244-\$76,993	\$76,994-\$102,743	\$102,744-\$128,493	
	Full Rate	Tier 1	Tier 2	Tier 3	Tier 4

Comprehensive psychological assessment	\$2500	\$625	\$625	\$875	\$1125
Therapy Intake**	260	39	65	91	117
Individual Therapy Session*	105	16	26	37	47
Behavioral Health Therapy Session***	35	5	9	12	16
Couples/Family/PCIT Therapy	140	21	35	49	63
Group psychotherapy	60	9	15	21	27

SLP	Varies	85% off full rate	75% off full rate	65% off full rate	55% off full rate
NUNM	Varies	75% off full rate	65% off full rate	60% off full rate	55% off full rate

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

**Intake fee will be divided into two payments, at first appointment and at feedback appointment.

*** Behavioral Health Therapy is billed in 15-minute increments

Bundling discounts:

Clients who are receiving more than one type of service at our clinic, or have more than one family member in services will receive an additional \$5.00 discount for each service. For NUNM services, the discount will be taken on the appointment but not on medicinary items. Services received at no charge do not count towards bundling. This discount does not apply to those receiving veteran or student discounts. To receive this discount services must have occurred within 90 days for bundling to apply.

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 is equal to Tier 4, providing a 55% discount for all services.

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
Therapy intake	25	Free
Individual Therapy* session	10	Free
Behavioral Health Therapy** session	5	Free
Couples/Family/PCIT Therapy	25	Free
Group therapy	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

** Behavioral Health Therapy is billed in 15-minute increments

*** Health & Wellness = SLP, NUNM services

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 may 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	
Therapy intake	
Therapy feedback session	

Individual therapy services	
Behavioral Health Therapy	
Couples/Family/PCIT therapy	
Group therapy	
Speech-Language Pathology services	
NUNM services	

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.

For recipients of Medicare:

_____ I am aware that I am responsible for any denied claims, deductibles, or co-insurance payments.

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**