



ADJUSTED FEES FOR SERVICES

Fees for individuals and/or families whose finances make services less accessible, we can offer reduced fees, based on income and family size. Proof of household income (e.g., taxes, pay stubs) is not required to qualify for an adjusted fee. The table below reflects adjusted fees for clinical services that include therapy sessions and psychological evaluation processes.

Please read the following carefully:

1. For current self-pay fees for services, programs, tardies, and late cancellations, please see our *Payment Policies & Fee Agreements* form.
2. Payment for services is due at the time of service.
3. Clients are responsible for the full adjusted payment even if tardy, and for a \$25 no-show or late cancellation fee if this applies.
4. Please inform your clinician as soon as possible upon realizing you may fall behind on payments. Our clinicians are to suspend sessions if clients owe money for more than two sessions until the balance has been paid off, or an agreed upon payment plan is in place.
5. Assessments and initial intake appointments are not eligible for adjusted fees (see *Payment Policies & Fee Agreements* form).
6. Adjusted fees are reviewed every 3-6 months with your clinician to determine if changes are needed.

Please find the of number of people in your household and your anticipated annual household income: their point of intersection will determine your adjusted fee:

Annual Household Income	Number of People in Your Household			
	1	2	3	4 or more
<\$30,000	\$95	\$90	\$90	\$85
\$30,000-\$44,000	\$105	\$100	\$100	\$95
\$45,000-\$59,000	\$125	\$120	\$115	\$105
\$60,000-\$74,000	\$155	\$150	\$145	\$140
\$75,000 +	\$165	\$165	\$160	\$155



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505-278-0447

2727 San Pedro Dr. NE Ste 105 ABQ, NM 87110

Given the above information, I agree to pay _____ per 55-60 minute counseling session at time of service (shorter sessions will be pro-rated). I agree to review adjustment fee schedule again on the following date: _____ or in one year from this date.

Client Name

Signature of Client (14yrs or older)

Date

Parent/Guardian Name & Relationship to Client

Signature of Parent/Guardian

Date

Parent/Guardian Name & Relationship to Client

Signature of Parent/Guardian

Date