



# Christian Life Fellowship Counseling Ministry

## FEE SHEET & BILLING CONTRACT

A fee is charged for services provided by the Christian Life Fellowship Counseling Ministry. The fee is based on a sliding scale according to household income. The appropriate fee will be established at the first appointment.

The agreed upon fee will be assessed for any appointment missed unless it has been cancelled at least 24 hours in advance, or if an emergency arises.

### Sliding scale fees:

Household Income	Amount
5000-10,000	\$5.00
10,000-23,000	\$10.00
24,000-30,000	\$15.00
30,000-50,000	\$20.00
50,000+	\$40.00

Fee will be paid at the beginning of each session by cash, check or money order. The collected fee goes to help offset the operational costs of the counseling ministry.

I, the undersigned, understand that I am personally responsible for the agreed upon fee that my treatment entails.

I understand that service will be paid at the beginning of each session at the rate of: \_\_\_\_\_/session. If I am not able to make full payment, I will make regular monthly payments (determined by CLF) until all fees are paid.

My signature validates my consent to receive treatment from Christian Life Fellowship's Counseling Ministry as deemed appropriate by the CLF Counseling Ministry staff.

\_\_\_\_\_  
Signature of client or responsible party

\_\_\_\_\_  
Date