

# Sliding Scale, Arizona Family Therapy, LLC

In order to be accessible to more people in the community we offer reduced fees based on a sliding scale. Income must be verified by current pay stub(s), past year's W-2, or past year's income tax return. Do not include child support as income, nor count dependents not claimed for the current tax year. Without verification, \$30,000 annual income for each full-time working household member will be used for fee determination. In the case of child custody, annual income for custodial parent or an average of incomes for joint-custody parents will be used.

All fees are payable at the beginning of each session unless prior payment arrangements have been made. Telephone calls beyond 10-minutes will be charged in ½ private session/service hourly increments of the normal fee. Payment must be made at the next scheduled session or within 10 days depending on which comes first to prevent refusal of future services. Add \$39 to the initial intake session.

Missed sessions or sessions cancelled within 2-hours of the scheduled time will be charged at the below listed rate. Late cancellations 2 to 24-hours in advance will be charged at ½ of the listed rate. Missed and late cancellation charges must be paid at the next scheduled session or within 10 days depending on which comes first to prevent refusal of future services.

Fee Table

Total Family Income	Family Size 1-2	Family Size 3-4	Family Size 5+
\$80,000 and up	\$125.00	\$125.00	\$125.00
\$70,000 - 79,999	\$95.00	\$90.00	\$85.00
\$60,000 - 69,999	\$90.00	\$85.00	\$80.00
\$50,000 - 59,999	\$85.00	\$80.00	\$75.00
\$40,000 - 49,999	\$75.00	\$70.00	\$65.00
\$35,000 - 39,999	\$70.00	\$65.00	\$60.00
\$30,000 - 34,999	\$65.00	\$60.00	\$60.00
Less than 30,000	\$60.00	\$60.00	\$60.00

To determine your fee for each 45-50-minute session (therapeutic hour), find the row in the table below that indicates your family's total income and the column that indicates the total number of people who live in your household. Circle the fee where the appropriate row and column intersect. If you are a student, you must base your fee determination on your parents' income unless you are financially independent (i.e., your parents do not claim you as a dependent on their income tax return). Sliding fee schedule based on total family income (rows) and total family size. Sliding scale fee schedule (per 45-50-minute session)

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

By signing, I agree to the terms in this document and the fee to be paid for services.

Date: \_\_\_\_\_

Fee: \_\_\_\_\_