



THE HOUSE OF HOPE
 Phone: 715-483-3000
 www.thehouseofhope3.com

Afton Location:
 3411 St. Croix Trail South
 Afton, MN 55001

St. Croix Falls Location:
 2070 Hwy. 8
 St. Croix Falls, WI 54024

Policies and Procedures for Cash/Sliding Fee Paying Clients

Client: _____

Date: _____

Therapist: _____

Fee Per Session: \$ _____

- The initial intake fee is a minimum of \$75 and a maximum of \$125.
- The sliding fee payment per session is a minimum \$50 and a maximum of \$100.
- Sliding fee payments are calculated by taking 1% of the total household income. For example: If the total household income is \$50,000 then the sliding fee payment would be \$50 per session. Proof of income is required in the form of the most current 1040 tax form, which will need to be brought to the intake session.
- I understand that payment amount is subject to change depending on individual circumstances.
- **By signing this contract, I agree to pay \$_____ per session for services rendered with _____.** I agree to pay this fee prior to or at the time of service. If I do not bring my payment to the appointment, I know that I will not be able to be seen that day by the therapist.
- **By signing this contract, I agree to provide at least a 48-hour notice if I am not able to provide the payment at the time of service.** I understand that if I do not provide payment or give at least a 48-hour notice I will be charged the above fee for the session.
- I understand that The House of Hope requires that I either provide a credit card number or advanced payment if I miss a session without paying and I give The House of Hope permission to charge my credit card below if this occurs.

Please Circle: VISA Mastercard Discover Credit Card # _____

Name on the Card: Please Print _____ **Exp. Date: Mo** ____ **Year** ____

Mailing address for credit card statement: _____

I have read and agree to this contract:

Client/Guardian Signature

Date