

## NEW GROWTH BEHAVIORAL HEALTH SERVICES

**405 S Peabody St  
Port Angeles, WA 98362  
360-457-1610**

**502 S Still Rd, Ste 102  
Sequim, WA 98382  
360-457-1610**

	Professional Associate	LMHC/LICSW/LMFT	Psychologist
<b>INITIAL INTERVIEW</b>	<b>\$80.00 per hour</b>	<b>\$150.00 per hour</b>	<b>\$180.00 per hour</b>
<b>INDIVIDUAL THERAPY</b>	<b>\$80.00 per hour</b>	<b>\$120.00 per hour</b>	<b>\$160.00 per hour</b>
<b>FAMILY THERAPY</b>	<b>\$80.00 per hour</b>	<b>\$120.00 per hour</b>	<b>\$160.00 per hour</b>
<b>COUPLES THERAPY</b>	<b>\$80.00 per hour</b>	<b>\$120.00 per hour</b>	<b>\$160.00 per hour</b>
<b>SPECIAL PROCEDURES*</b>	<b>\$80.00 per hour</b>	<b>\$150.00 per hour</b>	<b>\$180.00 per hour</b>
<b>NO SHOW</b> (insurance will not pay)	<b>\$80.00 per hour</b>	<b>\$120.00 per hour</b>	<b>\$160.00 per hour</b>

**For those not using insurance, we offer a 10% discount if you pay by cash or check the day services are rendered. Our Professional Associate rate is exempt from this offer, as you are already receiving a 33% discount for these services.**

**\*SPECIAL PROCEDURES (Usually not covered by insurance)**

- ◆ Environmental intervention (example: attendance at special meetings with school staff or medical providers or home visit)
- ◆ Preparation of written report or requested letters
- ◆ Legal, to include meetings, depositions, travel time and court testimony
- ◆ Ferry, meals and lodging reimbursed by receipt
- ◆ Appointments extending past the time allowed by insurance companies

Clients returning to therapy after a lapse of a year or more will be charged the initial interview rate.

**I understand that payment, co-pays, and coinsurance are due at each visit.**

I have been informed of the rates charged for services by New Growth Behavioral Health Services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I plan to pay my charges or co-pay at the time of service by:    Check    Cash    Charge**

**If by charge, and you would like your card left on file, please complete the following charge card information. Your card will be charged at the first of each month for the balance due, unless otherwise specified.**

*VISA or MasterCard Only*

**Charge Card Number** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**3-digit code on back of card:** \_\_\_\_\_