

NEW GROWTH COUNSELING SERVICES

**430 E Lauridsen Blvd
Port Angeles, WA 98382
360- 457-1610**

**502 S Still Rd, Ste 102
Sequim, WA 98362
360-457-1610**

	Counseling Intern	Professional Associate	LMHC/LICSW/LMFT	Psychologist
INITIAL INTERVIEW	\$50.00 per hour	\$80.00 per hour	\$150.00 per hour	\$180.00 per hour
INDIVIDUAL THERAPY	\$40.00 per hour	\$80.00 per hour	\$120.00 per hour	\$160.00 per hour
FAMILY THERAPY	\$40.00 per hour	\$80.00 per hour	\$120.00 per hour	\$160.00 per hour
COUPLES THERAPY	\$40.00 per hour	\$80.00 per hour	\$120.00 per hour	\$160.00 per hour
SPECIAL PROCEDURES*	\$40.00 per hour	\$80.00 per hour	\$150.00 per hour	\$180.00 per hour
NO SHOW _(insurance will not pay)	\$40.00 per hour	\$80.00 per hour	\$120.00 per hour	\$160.00 per hour

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 and Intern rates are exempt from this offer, as you are already receiving a 33% or more 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 Counseling Services.

Signature _____ Date _____

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

If by charge, please complete the following charge card information. Your card will be charged at the beginning of each month for the balance due, unless otherwise specified. *All major credit cards or HSA.*

Charge Card Number _____ Exp. Date: _____

3-digit code on the back of card: _____