## Middletown Outpatient Clinic Gilead Community Services, Inc. Reduced-Fee Agreement

Within the context of a healthy therapeutic relationship, financial matters are addressed directly and honestly. A reduced fee has been made available to you through United Way funding based on the information you have provided. Please note: When utilizing this funding source, therapy sessions are time-limited to 8 individual sessions to be re-evaluated thereafter. Only one service type can be utilized at a time (group or individual therapy).

Client	Name:
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CTA	NDA	BD	CI	INIC	FEES:
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Initial Evaluation w/Therapist\$ 165.00				
Initial Evaluation w/ MD\$ 270.00				
Therapy (30 minutes)				
Therapy (45 minutes)\$ 90.00				
Therapy (60 minutes)				
Family Therapy w/ Patient\$ 100.00				
Family Therapy w/o Patient\$ 110.00				
Group Therapy				
Medication management with Psychiatrist \$ 75.00-245.00				
Medication management with Psychiatrist by phone\$ 125.00-170.00				

<sup>\*</sup>Fees for missed appointment or cancellations with less than twenty-four hours notice are the same as the agreed upon rates for each service listed above.

- 1. **REDUCED FEE POLICY:** A variety of circumstances may preclude you from paying the standard fee for psychotherapy services. This reduced fee policy was developed to minimize the possibility that financial limitations would become the sole barrier to maintaining a therapeutic relationship.
- 2. **REVIEW OF REDUCED FEE REQUESTS:** Specific requests for reduced fee therapy will be evaluated based on your proof of need and the availability of United Way Grant funds to subsidize the fee reduction.
- 3. CLIENT RESPONSIBILITY FOR REDUCED FEE REQUESTS: If you are receiving this form, you have provided documentation verifying proof of income in order for us to determine your eligibility and what level of assistance can be provided. This will be reviewed with you every six months to re-determine your eligibility on the sliding scale. It is expected that you notify us as soon as possible, should your income change or you become eligible for health insurance coverage. As the amount of funds available to subsidize the cost of treatment is limited, this will allow others in need of the assistance provided by United Way.

Proof of income includes: two most recent pay stubs for each adult member of the household and documentation verifying any additional sources of support such as alimony, pension, SSI benefits, unemployment, and child support annuity or dividend income. Additionally, a copy of your last tax return is required. In the event that you do not have the documents listed above, we will review accordingly on a case by case basis.

- **4. WAITING LIST POLICY:** If you are in need of reduced fee therapy but no grant funds are currently available, you can elect to be placed on a waiting list. As other clients experience income changes or establish health insurance coverage, we will move down the waitlist on a first come first serve basis.
- 5. PAYMENT AGREEMENT: We expect that you will pay your portion of the fee at each appointment. Failure to do so will affect your eligibility to continue to receive our sliding scale fee.

Signed:				
	Client		Date	
	Administrator		Date	
Agreed-To:				
Cost for: Intake:	Individual:	Group:	Med. Management:	Review Date: