

# New Growth Counseling Services

## Price Sheet

*\* indicates a required field*

### LMHC/LMHCA, LICSW/LCSWA, & LMFT/LMFTA

INITIAL INTERVIEW - \$200.00 per session

INDIVIDUAL THERAPY - \$185.00 per session

FAMILY THERAPY - \$185.00 per session

COUPLES THERAPY - \$185.00 per session

SPECIAL SERVICES - \$200.00 per hour

NO SHOW/LATE CANCELLATION (insurance will not pay) - \$60 first time; \$185.00 per session each time after

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### Psychologist

INITIAL INTERVIEW - \$250.00 per session

INDIVIDUAL THERAPY - \$235.00 per session

FAMILY THERAPY - \$235.00 per session

COUPLES THERAPY - \$235.00 per session

SPECIAL SERVICES - \$250.00 per hour

NO SHOW/LATE CANCELLATION (insurance will not pay) - \$60 first time; \$235.00 session

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### Counseling Intern

INITIAL INTERVIEW - \$60.00 per session

INDIVIDUAL THERAPY - \$50.00 per session

FAMILY THERAPY - \$50.00 per session

COUPLES THERAPY - \$50.00 per session

SPECIAL SERVICES - \$60.00 per hour

NO SHOW/LATE CANCELLATION -\$50.00 per session

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For those choosing not to use insurance or who's insurance we are not paneled with, we offer a \$25 discount if you pay by cash or check the day you receive services. Our Counseling Intern rates are exempt from this offer, as price is already significantly discounted.

SPECIAL SERVICES (Not covered by insurance)

- Environmental intervention (example: attendance at special meetings with school staff or medical providers or home visit)
- Preparation of a 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 price.

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

I have been informed of the prices charged for services by New Growth Counseling Services. I understand that New Growth may review and increase their prices at any time. I also understand that New Growth will provide a minimum of 2 months notice of any changes.

Please note that the parent or guardian seeking services for the child/adolescent is considered the responsible party. There are no "split billings" or copies of billings sent to a second party.

FOR ALL CLIENTS USING INSURANCE: I authorize my insurance to be paid directly to New Growth Counseling Services. I am financially responsible for any balance due. I authorize my therapist to release information regarding my diagnosis, the services provided, the dates that services were provided, and the price of these services so that my insurance claim may be processed.

We charge your balance due at the first of each month to credit cards on file. You can view and pay your balance through the portal at [newgrowth.clientsecure.me](http://newgrowth.clientsecure.me) for faster access. If you have questions, please contact the business office.

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

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 digit code on back of card \_\_\_\_\_