

# Michael Noll Counseling

1477 Kenwood Dr, Suite 104  
Menasha, WI 54952  
<http://michaelnollcounseling.com>



(920) 215-1553 Phone/Text  
(920) 821-1432 Fax  
michael@michaelnollcounseling.com

## Sliding Scale Fees

Annual Household Income	Cost per session (45-60 minutes)
< \$60,000	\$70
\$60,001 - \$80,000	\$90
\$80,001 - \$100,000	\$115
\$100,001 - \$150,000	\$125
\$150,001 +	\$150

- \* Fees are as of January 1, 2019, and are adjusted periodically
- \* Fees are agreed upon under previous sliding fee scale charts will remain in effect and be honored for the duration of client's time with **Michael Noll Counseling, LLC**
- \* Other extenuating circumstances regarding ability to pay (ex. High medical bills, etc) can be documented below and taken into account when agreeing upon a fee
- \* Sliding scale is based on honor of client. IF any changes arise in income, please notify **Michael Noll Counseling, LLC**, so adjustments may be made to fees
- \* Fees are based on a regular *45-60 minute session* and will be adjusted and documented below if *25-30 minutes, 75-90 minute sessions* or *group sessions* are provided
- \* Sliding fee clients pay the same rate for an intake session as a regular session

### FINANCIAL AGREEMENT

By signing below I agree to the above fee schedule and understand payment (cash, check, Visa, MasterCard, etc) is due in full at the time of the session.

- \* I also agree to pay a fee of \$25 plus the amount for the check for any returned checks (NSF).
- \* I understand the following regarding the use of insurance or slide fee scale:
  - \* If I have insurance coverage with a company that **Michael Noll Counseling, LLC**, is In-Network with, I have the following options:

\_\_\_ Bill my insurance using an appropriate diagnostic code

\_\_\_ Pay the fee listed above in full



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If I have insurance coverage with a company that **Michael Noll Counseling, LLC**, is Out-Of-Network with, I have the following options:

\_\_\_ Bill my insurance using an appropriate diagnostic code (in which case I would be responsible for the difference between what my insurance covers and the full amount listed above, regardless of what the allowed amount would be for an in-network provider)

\_\_\_ Decide not to use my insurance and pay in cash, using the sliding fee scale above, which is an objective fee scale based on my income and other factors

\_\_\_ Pay the appropriate amount based on the sliding scale fee if my income fee listed above in full if my income is less than \$150,001/year

\_\_\_ Pay the fee listed above in full if my income exceeds \$150,001/year

The agreed upon fee per 45-60 minute session is \_\_\_\_\_.

Comments or notes about fees or fee arrangements.

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\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date