



Lynne M. Springer, LICSWA, MFT
New Beginnings Counseling Service

Phone: 425.238.9320; Fax: 425.339-9075
12221 Village Center Place, Suite 211, Mukilteo, WA 98275

Fee for Services Provided

(As of 1/2012)

Counseling Rate per Hour for Individuals

\$80.00

(Sessions are 1 hour in length for adults, and 50 minutes in length for children/adolescents.)

Counseling Rate per Hour for Couples and Families

\$125.00 for the first session/\$90.00 thereafter

(The first session is 1-1/2 hours; sessions beyond that are typically 1 hour.)

Counseling Rate per Hour for Reunification Services

\$90.00

\$500.00 Retainer Required to Begin Reunification Services

Rate per Hour for Co-Parenting Counseling

\$90.00

\$500.00 Retainer Required to Begin Court Ordered Co-Parenting Counseling

- All fees are due at the time of services unless other arrangements have been made.
- Session length is typically one hour for adults, and 50 minutes for children. In the event the session lasts longer than one hour, the hourly rate applies and you may be charged accordingly. **However, for couples and families, the first session is 1 ½ hour.**
- **New Beginnings Counseling does not bill insurance.** You will receive a receipt for services, which can be submitted to your insurance company, and they may or may not reimburse you depending on your policy.
- New Beginnings Counseling is not able to accept Medicaid or Medicare at this time.
- Acceptable forms of payment are cash, checks, debit and credit cards.
- Checks should be made payable to Lynne Springer, or New Beginnings Counseling.
- You may be billed/charged for a no-show appointment. **A 24-hour notice to change or cancel an appointment is required except under uncontrollable circumstances.** Please review the disclosure statement for specific details.
- You may be billed for time incurred to write reports, make copies, testify, speak to collateral contacts, etc., at the hourly rate. Please review the disclosure statement for specific details.

I have read and understand the fee schedule. I agree to pay the counseling per hour rate of

_____.

Signed: _____ Date: _____

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