

Cypress Trails United Methodist Church Counseling Services  
**THERAPY FEES**

Fees are charged for each counseling session on an income based sliding scale. Fees represent an investment on the part of the clients for their own wellness and help provide quality therapy. Fees will be based upon family income. The following is a sliding scale income to fees:

Billing Level	Annual Family Income	Intake Session	Individual Session/ Play Therapy	Family/ Couple Session	Group Session
A	< \$20,000.00	\$30	\$20	\$25	\$10
B	\$20,001.00 - \$30,000.00	\$45	\$30	\$38	\$15
C	\$30,001.00 - \$40,000.00	\$60	\$40	\$50	\$20
D	\$40,001.00 - \$50,000.00	\$75	\$50	\$63	\$25
E	\$50,001.00 - \$60,000.00	\$90	\$60	\$75	\$30
F	\$60,001.00 - \$70,000.00	\$105	\$70	\$88	\$35
G	\$70,001.00 - \$80,000.00	\$120	\$80	\$100	\$40
H	\$80,001.00 - \$90,000.00	\$135	\$90	\$113	\$45
I	\$90,001.00 - \$100,000.00	\$150	\$100	\$125	\$50

Fees above are broken down as follows:

**Intake Session** – This initial session includes filling out paperwork, discussing goals for therapy, and discussion of family background. An intake session typically lasts between 75-90 minutes.

**Individual or Play Therapy Session** – This session is a traditional counseling session or play therapy session. Typically an individual session will last 45 -50 minutes.

**Family or Couple** – This session is considered as an extended session, which is needed if more than one individual is present in the session. This session generally lasts for 75-90 minutes.

**Group Play Therapy** – This is a type of play therapy session where there are typically 2-4 children in the play session. Group play therapy can help the counseling professional gain insight into behaviors, through witnessing interaction with other children for the child’s peer group, or with siblings. The fee for a group play session will be the same as the fee for an individual session/per child. In the event that the group play is with siblings, fees will be discussed prior to the group play session and a discount will be given for the family. The group play session will last 45 minutes.

**Group Sessions** – Group Sessions meet weekly and a group of clients meet for support of a situation, or learning about ways to handle situations. Group sessions generally last for 90 minutes.

Extenuating circumstances regarding ability to pay (ex. High medical bills, etc.) can be documented below and taken into account when agreeing upon a fee.

**Payment:** Payment is due at the beginning of counseling sessions, unless prior arrangements have been made. Forms of payment accepted include cash, checks, and credit cards via Text payments.

**Cash payments:** We are not able to provide change, so exact amounts are appreciated.

**Checks:** Personal checks are accepted. Please make checks out to Cypress Trails UMC, and add "Counseling" in the memo line. A fee of \$25.00, plus the amount of the check, will be added to your account for any returned checks.

**Text Payments:** Text your payment amount to 281-315-3969, followed by the word: Counseling. First time users, follow instructions on a response text.

I understand that my insurance company will not be billed by the Cypress Trails United Methodist Church Counseling Services. Should you need a receipt to turn into your insurance company, please notify your therapist prior to the start of your session.

The following documentation was used to verify family income: \_\_\_\_\_.  
I agree to let my counselor know if my finances change.

The agreed upon fee per session falls under Billing Level \_\_\_\_\_, which means I agree to pay the following amounts for services:

Intake Session	\$
Individual/Play Therapy Session	\$
Family Session	\$
Group Play Session	\$
Other:	\$

By signing below, I agree to the above fee schedule and understand payment is due in full at the beginning of each counseling session. My signature below further indicates my understanding of the guidelines stated in this document.

Comments or notes about fees or fee arrangements:

Client: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Therapist: \_\_\_\_\_

Date: \_\_\_\_\_