



“Pay What You Can” Sliding Scale Financial Agreement

In an effort to make psychotherapy available to clients of all socioeconomic means, Authentic Therapy Services LLC offers a limited number of openings for reduced fee services based on self-assessed financial needs.

The fee for initial intake evaluations at Authentic Therapy Services is \$150, with follow-up therapy sessions billed at a rate of \$150 per therapy hour. Please note the initial assessment fee of \$150 is not included in this agreement.

Based on my current financial limitations, I am requesting to pay a reduced fee of:

\$_____ per therapy session.

By providing your signature, you are indicating your agreement with the following:

- I understand that my eligibility for reduced fee services is contingent upon remaining current with payments and maintaining compliance with a minimum of two sessions a month.
- I understand that my appointments are subject to the same Late Cancellation and No Show policies as outlined in the ATS Informed Consent to Treatment Services form, with charges based on my contracted reduced session rate.
- I understand that the terms of this fee agreement will be reviewed every three months and/or upon a change in my employment or income status to ensure fair availability of reduced fee openings for other clients in need.
- I agree to inform my provider at Authentic Therapy Services, LLC of any change in my financial standing as soon as possible, at which time the current agreement will be rendered null and void and a new agreement will be reached.

Client Name (Printed)

Date

Client Signature

Date

Clinician Signature

Date