



Dear New Client,

Welcome to LifeWorks Counseling & Consulting. It is our goal in this office to serve you in the best possible way we can. To do this we try to keep our cost at a minimum and your visits here as stress free as possible.

Adjusted Fee

According to our conversation on the phone, you would qualify for therapy at an adjusted fee rate, because we do not get outside funding and wish to offer these services to all who need it, we typically limit the number of sessions, at the reduced rate, to 12 (twelve). As you near the end of the allotted 12 sessions, your therapist will discuss possible options for continuation of therapy should you want to do so. If you have insurance coverage for outpatient mental health benefits that your therapist is credentialed with, you do not qualify for the adjusted fee schedule, as this would constitute fraud.

When we spoke to you, the Office Administrator may have given you an estimate of what your Adjusted Fee may be. To determine exactly where you fit on our Adjusted Fee scale, please fill out the enclosed application and bring it with you to your first appointment. It is important for you to bring in two of your more recent paystubs for each adult working (total of 4 paystubs if both husband and wife are working) or your previous year's tax return (no W-2's please) to this initial visit. If you forget this paperwork at your initial visit, the full Self-Pay Fee will increase to full fee until the office receives all necessary paperwork after that first appointment.

It is our office policy that you come prepared to pay at the time of service for each session. We accept cash, checks, Mastercard, Visa, and Discover. It is LifeWorks policy that if a client does not pay their portion of the fee more than twice, we reserve the right to deny scheduling of any further appointments until the balance on the account has been paid.

Intake Forms

Enclosed you will find intake forms to be completed prior to your appointment time. Please complete them in black ink. You should plan to arrive at your first appointment at least 10 minutes early to allow time for the support staff to complete the administrative paperwork before you see your therapist.

If you have questions or need any assistance as you prepare for your first visit, please feel free to contact us. We are here to serve you and look forward to seeing you soon!

Sincerely,

The LifeWorks Team

Last Name	First	Middle	Date	Client #
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ADJUSTED FEE APPLICATION

*A separate application must be completed for each person in the household who is a client at LifeWorks.

Client Name:		Spouse Name:	
Address:			
Home #:	Cell #:	Work #:	
Are you or anyone in your immediate household a missionary or employed by a church? <input type="checkbox"/> Yes / <input type="checkbox"/> No			

Therapist / Counselor Name and Credentials: _____
Do you have primary or secondary insurance available to your family that covers counseling/psychological services with the therapist that you are scheduled to see at LifeWorks? <input type="checkbox"/> Yes / <input type="checkbox"/> No
<ul style="list-style-type: none"> ♦ It is considered fraud to use the adjusted fee schedule if you have insurance with mental health benefits <u>that are covered by your therapist</u>. Please check with the main office if you have any questions. ♦ If you <u>do not wish to access</u> mental health insurance that your therapist is credentialed with, by law you are required to pay according to the full-fee structure.
Are there additional/special reasons or circumstances you would like to be considered for an assisted fee?

TOTAL number of persons in your household:	#
TOTAL ANNUAL household income after taxes (Medicaid, Disability, Alimony, etc):	\$
If applicable, child support paid out/received annually (please circle which):	\$
If applicable, ministerial housing/parsonage allowance:	\$
* Required by law - Please attach copies of two of your most recent pay stubs for each household wage earner for verification.	
* If you are self-employed, attach a copy of last year's income tax return.	
* In most cases, assisted fee will be limited to twelve (12) sessions with the option to renew.	

I understand that ALL assisted fees MUST be paid at the time of service. Please initial: _____	
I declare that I have reviewed the information above and to the best of my knowledge and belief, the information is true, correct, and complete. Furthermore, I understand this agreement is based on not having any insurance benefits covering these mental health services or I have mental health insurance coverage which is not covered by my therapist.	
Signature:	Date:
Signature:	Date:

Office Use Only:

Approval Date:	Fee	\$
Effective Date:	Visit Limit	#
Approved by:	Notes:	

Last Name	First	Middle	Date	Client #
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