



## SELF PAY ADDENDUM

This addendum clarifies the cost of service selected for specific treatment.

**Cost of service is due at the time of each service.**

Services	Self Pay Rate
Assessment/Medication Evaluation	\$132.64 (per hour)
Individual Therapy	\$108.76 (per hour)
Family Therapy	\$108.76 (per hour)
Medication Check	\$93.14 (per session)
Individual Behavioral Management	\$67.12 (per hour)
Case Management	\$54.56 (per hour)
Group Behavioral Management	\$25.32 (per hour)
Group Psychotherapy	\$25.32 (per hour)
Urine Drug Screen	\$15.00 (per test)
Nurse Services	\$40.72 (per session)
Other:	
Other:	

By signing this form I understand I will be charged Self Pay rate for services received.

Client/Guardian/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client ID: \_\_\_\_\_ Unit #: \_\_\_\_\_