



## Teresa Heesacker Counseling

Teresa Heesacker, MASF, MA, LPC, MFT Intern 1308  
 E. First Street, Newberg, OR 97132  
 503-610-3499  
 teresa@heesackercounseling.com  
 www.heesackercounseling.com

### Sliding Payment Scale

Gross Annual Income	Household Size			
	1 or 2	3	4	5+
\$10,000-20,000	\$50	\$45	\$40	\$35
\$20,000-30,000	\$55	\$50	\$45	\$40
\$30,000-40,000	\$60	\$60	\$55	\$55
\$40,000-50,000	\$70	\$70	\$65	\$65
\$50,000-60,000	\$80	\$80	\$75	\$75
\$60,000-70,000	\$90	\$90	\$85	\$85
\$70,000 and up	\$90	\$90	\$90	\$90

Please circle the amount that best represents your combined household annual income. Your fee per 50 minute session will be the corresponding amount depending on the number of members in your household. Payment is requested at time of service.

When considering the costs of paying a provider that is out of your insurance network, it can be helpful to consider 'in network' co-pay amounts, applying payments towards yearly deductibles and using employee flexible spending account funds. With greater freedom to choose your provider and type/length of care, it is often a comparable cost/benefit.

I will provide you with a 'super bill' each month which provides the service codes needed for reimbursement for covered services from your insurance company. Please contact your insurance company to verify any coverage questions.

By signing below, I agree that I am responsible for paying for services:

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Client/ Legal Guardian Signature

Date

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Card Number

Expiration

Code