



Teresa Heesacker Counseling

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Sliding Payment Scale

Gross Combined Annual Household Income	Household Size			
	1 or 2	3	4	5+
\$10,000-20,000	\$65	\$60	\$55	\$50
\$20,000-30,000	\$70	\$65	\$60	\$55
\$30,000-40,000	\$80	\$80	\$75	\$75
\$40,000-50,000	\$95	\$95	\$85	\$85
\$50,000-60,000	\$105	\$105	\$100	\$100
\$60,000-70,000	\$120	\$120	\$110	\$110
\$70,000 and up	\$120	\$120	\$120	\$120

The 50 minute session fee is determined by combined household annual income and household size. Please circle the fee amount that best represents your circumstance. Payment is requested at time of service.

Your scheduled appointment is a time reserved just for you. If you can not make an appointment, please cancel as early as possible so that I may offer the time to others in need. There is no charge for sessions canceled 24 hours in advance. Cancellations made within the 24 hour window or no-shows will be billed at the agreed upon session rate.

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.

If you are able to pay the full session fee, I will email you a 'super bill' after each payment 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:

Client/ Legal Guardian Name Printed	Signature	Date
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Card Number	Expiration	Code	Zipcode
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