

Financial Agreement

Counseling services at North Hills exists to meet the emotional/spiritual needs of the bay area community. Payment is based on the individual or family's gross income per year.

Per Session: Gross Annual Income

\$50 **\$35,000 and Below**
\$60 **\$35,001 to \$50,000**
\$70 **\$50,001 to \$65,000**
\$80 **\$65,001 to \$80,000**

Per Session: Gross Annual Income

\$90 **\$80,001 to \$95,000**
\$100 **\$95,001 to \$110,000**
\$120 **\$110,001 to \$125,000**
\$150 **\$125,001 and above**

Payment for services is accepted at the time services are rendered.
 Checks should be made to **Debbie Steele**.

Financial Consent

I hereby consent to treatment and affirm that this financial assignment and release has been explained to me. I agree to abide by these terms.

Phone (_____) _____

Client's Signature(s):

Signature of responsible party if other than client:

Date: _____

Please be courteous and cancel an appointment at least 24 hours in advance. Failure to show will require payment as agreed.