



Sliding Scale Agreement

In an effort to provide psychotherapy and coaching to more individuals of all economic means, **MINDFULGUIDANCE – COACHING & COUNSELING** offers a limited number of sliding scale options for individuals in need. Financial need is self-assessed.

I understand that **MindfulGuidance's** fee for a 90-minute initial evaluation/consultation is \$195 and is excluded from the sliding scale option. Usual and customary follow-up therapy sessions are 60 minutes and billed at \$145. Usual and customary coaching sessions are 75 minutes and billed at \$150. I am electing to request a reduced session rate of (choose a fee between \$100 - \$125 below) for these follow-up sessions. I further understand this offer is valid so long as I maintain regularly scheduled appointments – at least twice monthly, and am current with my payment. I am also aware I may be able to request a shorter session duration, as clinically determined by Lisa Love, MSN, of 25 - 40 minutes at a reduced rate (to be discussed after initial on-boarding and treatment).

I request to pay a reduced fee of: \$_____ per session/week/month (circle one).

I understand that this reduced rate is good for 1/3/6 months, and will expire on _____.

Upon expiration, I may renegotiate a rate for services based on my financial status and **MindfulGuidance practice's** availability. I further understand I may lose my reduced rate should I take a break from sessions, attend fewer than two (2) sessions per month, or miss a payment.

The reduced rate option is contingent upon my financial means and the fee agreement will become null and void when my financial status improves. I agree to notify Lisa at **MindfulGuidance** immediately as my financial status improves, so that a new agreement can be reached.

My signature indicates that I have reviewed and understood the terms and conditions of the Sliding Scale Program.

Name of Client (printed)

Date

Signature of Client

Date

Clinician Signature/Lisa D. Love, MSN, RN, CNS, BC

Date

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