

Jan Eaton-Bennette, MSW, LCSW Clinical Supervision & Psychotherapy, LLC

Out of Pocket Fee /Sliding Fee Acknowledgment/Insurance Waiver

I, the undersigned client, acknowledge that I understand and agree that:

1. My therapist, **Jan Eaton-Bennette, MSW, LCSW, Clinical Supervision & Psychotherapy, LLC** and I have discussed payment options for the psychotherapy services she provides. I have freely chosen to self-pay for services after having asked Jan Eaton-Bennette, LCSW about payment options and having carefully considered those options.
2. I have been advised that Jan Eaton-Bennette, MSW, LCSW's standard fee is \$175.00 for the initial psycho/social/mental health assessment and documentation; \$150 - 60 minutes/ \$175.00 -90 minutes/ \$190.00 -90 minutes couples/family psychotherapy sessions thereafter. Sessions run approximately 50-60 minutes.
3. I have advised Jan Eaton-Bennette, LCSW that I am comfortably able to pay \$ 175.00 for the initial assessment (if applicable); \$175.00 for couples/family therapy (if applicable) and \$150.00 for ongoing individual psychotherapy sessions. Jan Eaton-Bennette, LCSW has agreed to charge me the fee listed above.
4. By election to self-pay for services, any payments I make to Jan Eaton-Bennette, LCSW will not be credited toward satisfying any deductible I may have under my health insurance plan.
5. I am agreeing that if I do have medical insurance that offers a medical health benefit, I am waiving utilization of my insurance for any services now or retroactively provided by Jan Eaton-Bennette, LCSW. Disregard if you do not have medical insurance.
6. I have read this Out-of-Pocket Fee Acknowledgement and have had the opportunity to ask any questions I may have had about the form. Any questions I may have had about this form have been answered to my satisfaction.

_____ Print Name

_____ Client Signature Date

_____ Date
Jan Eaton-Bennette, LCSW Date

Jan Eaton-Bennette, MSW, LCSW (#L555) 5441 SW Macadam Ave. suite 200, Portland, OR. 97239 (office); 10940 SW Barnes Rd., #373, Portland, OR. 97225 (mail)

