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www.heartstringscounseling.org

Sliding Fee Schedule

Session fees are determined by your gross monthly income and ability to pay. Monthly income includes all forms of household income (such as pension, disability, unemployment, stipends, commission, salary, alimony, child support, etc.) Dependent session fees are determined by the monthly income of the legal guardians of the child. **Payment of fees will be due at the beginning of each session by cash, check, or credit card. As a reminder, cancellations must be made 24 hours in advance. If an appointment is cancelled or missed without 24 hours of notice, you will be charged for the missed session.**

<u>Monthly Income</u>	<u>Session Fee</u>
\$0 - \$2,000.....	\$70
\$2,001 - \$3,000.....	\$80
\$3,001 – 5,000.....	\$90
\$5,001-Above	\$100
Reunification Therapy.....	\$125

Good Faith Estimate Notice to Clients and Prospective Clients

Under the law, healthcare providers need to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service, or at any time during treatment. If you receive a bill that is at least \$400 more than your good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, or how to dispute a bill, see your Estimate, or visit <https://www.cms.gov/no-surprises>