



## WHITE OAK Counseling and Recovery

4695 N M37 Hwy, Suite A, Middleville, MI 49333

phone: 269-205-2402 ♦ fax: 269-205-2728

e-mail: info@wocounseling-recovery.com ♦ website: wocounseling-recovery.com

### POLICY for CHURCH CLIENTS

Church name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact email: \_\_\_\_\_

Church may offer financial assistance in the event that insurance does not cover the sessions and there is a financial need. If approved for benevolent support, the person being referred is asked to cover a portion of the cost of counseling with the following co-pay fee schedule.

The referred client will be provided an authorized approval document from the church for payments on client's behalf for counseling services provided by White Oak Counseling and Recovery. Client must provide church's approval document before White Oak Counseling and Recovery can proceed with counseling the client.

#### Sliding Scale Rate Policy

Church sliding scale approved rate: \$100 per hour (discounted from standard \$125/hr)

The client's insurance company typically pays \$80 per hour

The church will pay \$\_\_\_\_\_ per hour co-pay or balance

The client will pay \$\_\_\_\_\_ per hour co-pay or balance

Church authorized visits: \_\_\_\_\_

Additional sessions: If more than \_\_\_\_\_ sessions are needed, the therapist needs to:

\_\_\_\_\_

**No show/late cancellation fees are the client's responsibility, not the church's'.**

**I HAVE READ AND AGREED TO THE CO-PAY FEE SCHEDULE AND WILL PAY MY CO-PAY FEES BEFORE SERVICES ARE RENDERED.**

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_