LIGHTHOUSE CHRISTIAN COUNSELING CENTER, LLC

FEE SCHEDULE and PAYMENT CONTRACT

Fee Schedule:
The following fees apply to counseling services at Lighthouse Christian Counseling Center, LLC ("Lighthouse") as of June 1, 2009:

Initial Assessment (first session)	$145.00
50-minute counseling session	$110.00
75-minute counseling session	$165.00
100-minute counseling session	$220.00
75 minute group therapy session	$55.00

Payment Contract:
Please read the following contract thoroughly, sign and return before your first session:

I understand and agree to abide by the following policies for all services received at Lighthouse:

Payment at time of service:
I understand that payment in full is required at the beginning or end of each session, unless insurance coverage has been verified. If my insurance company offers coverage for the above services, Lighthouse will bill the insurance company directly, and I will make the copayment along with any applicable deductible at the time of service. Any exceptions to this policy must be arranged in advance. The following forms of payment are accepted at Lighthouse: cash, personal check, VISA or Master Charge: Credit or Debit cards. A $20.00 fee will be assessed for returned checks.

Insurance coverage:
I understand that any information that I receive from my insurance company or from Lighthouse regarding my insurance coverage is only an estimate and that even if my insurance doesn't pay as originally estimated, it is my responsibility to cover the full balance of any fees not covered by my insurance company. I agree to contact my insurance company directly in order to sort out any discrepancy I have with them.

Insurance billing:
Lighthouse will provide any and all information and paperwork that my insurance company needs in order for me to receive reimbursement from them. If necessary, Lighthouse will submit insurance claims directly to my insurance company. I understand that Lighthouse bills on a monthly basis.

Missed or cancelled appointments:
If I am unable to make a scheduled appointment, I agree to notify Lighthouse with a cancelation notice at least 24 hours prior to the appointment or I will be charged ½ of the session fee.

I consent to treatment and authorize Lighthouse Christian Counseling Center, LLC to bill my insurance and collect any insurance payments for services rendered.

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Client or person assuming responsibility for bill Date