**Innovative Natural Health Solutions**

Glenda Gibbs, MA CHT

**Fee Schedule**

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| --- | --- |
| **Combined Gross Family Income** | **Fee Per Hour** |
| $0 - $30,000 | $60.00 |
| $30,001 - 60,000 | $75.00 |
| $60,001 & Above | $100.00 |

**Fee:**

This fee schedule is based on an honor system. It relies solely on your honesty.

The payment for your session is to be paid at the time of service. If you fail to show for a scheduled appointment or do not call to cancel 24 hours before a scheduled appointment (509-585-9683), you will be expected to the full agreed upon fee.

Innovative Natural Health Solutions does not bill insurance however upon your request an emailed statement will be provided for you to submit.

The hourly fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My signature indicates I have read and agree to the information regarding the Fee Schedule and cancellation policy.**

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counselor/Therapist** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_