



STEVE FRANKLIN, M.S.W., L.C.S.W.

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FEES per 50-60 minute session

SLIDING SCALE

This is my sliding fee scale, adjusted to make counseling more affordable for families with lower incomes. If you would like to pay the sliding fee, enter your family's gross income (before deductions or expenses) below, and look at the chart below to determine your fee, based on income and number of persons in your family. Include child support, alimony, self employment, or any other income.

Name of Family Member, Relationship, Gross Income (Annual/Monthly) form

Total number of family members, Total Income \$, Your fee \$

Table with columns: GROSS FAMILY INCOME (Annual, Monthly), NUMBER IN FAMILY (1, 2, 3, 4, 5+), FEE

INSURANCE

Insurance Company, Member #, Auth. #

Insurance coverage and policy varies with each program. Options may include:

- Client will pay full amount...
Client will pay specified co-pay...

I authorize the release of any medical or other information necessary to process insurance claims for psychotherapy with Steve Franklin.

Client's Signature, Date

I authorize payment of medical benefits to Steve Franklin for psychotherapy services provided by him to me.

Client's Signature, Date

Fees are due at the time of the session; client will not be billed.

Client will be responsible for full amount if insurance company does not acknowledge coverage or pay.