

UND PSYCHOLOGICAL SERVICES CENTER

P.O. Box 7108
GRAND FORKS, ND 58202-7108
701.777.3691

SLIDING FEE SCHEDULE***

The fee agreed upon should change with major shifts in one's income situation.

ANNUAL GROSS INCOME*	NUMBER OF PERSONS IN HOUSEHOLD**		
	1	2 or 3	4 or more
\$0 – 5,000	\$4.00	\$4.00	\$3.00
\$5,001 – 10,000	\$6.00	\$5.00	\$4.00
\$10,001 – 15,000	\$8.00	\$7.00	\$6.00
\$15,001 – 20,000	\$10.00	\$8.00	\$7.00
\$20,001 – 25,000	\$12.00	\$10.00	\$9.00
\$25,001 – 30,000	\$15.00	\$12.00	\$10.00
\$30,001 and over	\$18.00	\$15.00	\$12.00

* Gross Income is the total earned from salary of wage earners (income tax included) and/or net profits from business ventures such as farming.

** Number of persons in household refers to the number of persons depending on the household income. Not roommates (i.e., college).

Fees are for each therapy contact per family, i.e., each individual, couple, family, or group session counts as one contact per family.

PAYMENT CONDITIONS*: Due to grant funding, PSC fees are waived from the period of September 1, 2004 through July 1, 2007.** Invoice for services will be mailed on a monthly basis, unless otherwise requested. Payments will be waived for the granting period.

_____ Payable at Each Session
 I would like to be asked for payment before each session.
 I would like to be asked for payment after the session.

_____ Billed Monthly

Invoiced Monthly

I (we) agree to the fee and payment conditions indicated above, and understand that payments are being waived during the granting period noted above.

_____ Date

_____ Signature of Client(s)

_____ Signature of Therapist