

CREATE PATHWAYS COUNSELING, LLC
9990 Coconut Road, Bonita Springs, Florida 34135
(239) 390-1120

info@createpathwayscounseling.com

FINANCIAL CONTRACT

(02/2019)

EFFECTIVE 1/01/2019 THERE WILL BE A 3.5% SERVICE FEE FOR ALL CREDIT/DEBIT CARD TRANSACTIONS

FEES	SERVICES
\$500.00	Anger Management Evaluation
\$150.00	Anger Management Individual Session (6 Session Minimum)
\$500.00	Batters Intervention Evaluation (Court Ordered)
\$150.00	Batters Intervention Individual Session (6 sessions Minimum)
\$225.00	Batters Intervention Couples/Family Session
\$250.00	Beck's Depression Inventory
\$250.00	Biopsychosocial Evaluation
\$1000.00	Comprehensive Behavioral Health Assessment
\$250.00	Concierge Individual Home Session (80 Minutes)
\$250.00	Couple's Counseling
\$500.00	Court Testimony (Per Hour)
\$3000/\$6000	Court Testimony – Half day/Full Day
\$25.00 +\$1.00/page	Document Retrieval
\$225.00	Discharge Fee
\$250.00	EMDR Session (50 to 100 minutes)
\$250.00	Family Therapy
\$250.00	First Offense Inventory Assessment (FOI)
\$50.00	Healthy Masculinity Group Therapy Session
\$150.00	Individual Therapy Session (Package Rates Available at a Discount)
\$1500.00	Internet Access Risk Request/Assessment/Recommendation Report
\$250.00	Initial Assessment
\$150.00	Late Cancellation (Less than 24 Hours' Notice) & No-Show Fee
\$250.00	Mental Health Evaluation (PAI)
\$250.00	Mental Health Evaluation (PAS)
\$1,500.00	Outpatient Sex Offender Program Comprehensive Risk Report
\$1,250.00	Outpatient Sex Offender Program Brief Risk Report
\$1,000.00	Psychosexual Evaluation – DCF/CN Only
\$1,500.00	Psychosexual Evaluation - Litigious
\$50.00	Returned Check Fee
\$1250.00	Sexual Abuse Risk Assessment (Brief)
\$1,500.00	Sexual Abuse Risk Assessment (Full)
\$2,500.00	Sex Offender Pro Se Motions (All)
\$250.00	Sex Offender Initial Visit
\$100.00	Sex Offender Individual Sessions
\$250.00	Suicide Risk Assessment
\$1,500.00	Supervised Contact with a Minor Child FS 948.30 Request/Assessment/Recommendation Report
150.00	Reunification Supervision (50 minutes)

Approved:

Signature: _____

Date: _____

I consent to sharing information provided here.

Therapist signature: _____

Date: _____