

**Payment Agreement:**

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

I hereby acknowledge that I am choosing to obtain services with Dr. Laura Burlingame-Lee, Ph.D. via:

\_\_\_\_\_ Sliding Fee Scale, as detailed below. *Proof of Income is necessary in order to access the sliding fee scale.* (Proof may include pay stub, income tax paperwork, evidence of student status, or other documents that indicate the need for a reduced fee.

\_\_\_\_\_ Mental Health Connections, at the copayment set by Mental Health Connections. *After you have completed your subsidized 10 sessions, your co-pay will be set at your Connections co-pay plus \$20.00 or the fee associated with your income level as per the sliding fee scale, whichever is less.* Proof of income will be required at that time, in order to assess your new fee.

My co-pay for 10 sessions is: \_\_\_\_\_ / 50-minute session.

My agreed upon fee for more than 10 sessions is: \_\_\_\_\_ / 50-minute session.

My agreed upon fee for group therapy sessions is: \_\_\_\_\_ / session.

My agreed upon fee after I complete the 10 subsidized sessions will be \_\_\_\_\_ / 50-minute session

\_\_\_\_\_ I am in the Connections DBT Program, and I acknowledge that I receive 20 subsidized sessions. Because of this modification, the agreement above will take place after 20 sessions.

\_\_\_\_\_ *I agree that Dr. Burlingame-Lee and I will review and re-assess this fee agreement after six months of services.*

**Sliding Fee Scale:**

<i>Household Income Level:</i>	<i>50-minute session Individual, couples, families</i>	<i>90-minute group per session</i>	<i>120-minute group per session</i>	<i>Report Writing per hour, Assessments per hour</i>
\$ 60,001 +	120.00	30.00	45.00	120.00
\$40,001 - \$60,000	80.00	30.00	45.00	80.00
\$40,000 & under	60.00	30.00	45.00	60.00

*If you cannot pay the sliding fee scale, please talk with Dr. Burlingame-Lee.*

Please continue to the next page.

Laura Burlingame-Lee, Ph.D., L.P.

(970) 776-6043

My agreed upon fee per session is: \_\_\_\_\_ / 50-minute session, individual, couple, or family

My agreed upon fee per session is: \_\_\_\_\_ / 90-minute group session

My agreed upon fee per session is: \_\_\_\_\_ / 120-minute group session

My agreed upon fee per session is: \_\_\_\_\_ / hour for report writing or assessment.

*Legal report preparation and/or court appearances are charged separately from other services. These fees are non-negotiable:*

Legal report writing: \$150 / hour of writing, billed per hour.

Court appearances: \$120 / hour, including travel time.

Expert Witness / Testifying: \$300 / hour, including travel time.

*Other activities and/or services will be provided at the agreed upon rate of: \_\_\_\_\_ / hour.*

Vendor: \_\_\_\_\_ Service: \_\_\_\_\_

\_\_\_\_\_ Other Notes:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Contact Information:*

Dr. Laura Burlingame-Lee, Ph.D., L.P.  
149 W. Oak St., Suite 108  
Fort Collins, CO 80524

(970) 776-6043  
theothersideofthecouch@live.com