



**Adult Services Program
Nationwide Children's Hospital Big Lots Behavioral Health Services Fee Agreement**

Adult Counseling Services at The Center for Family Safety and Healing will be billed through Big Lots Behavioral Health Services at Nationwide Children's Hospital.

Below is a list of the services provided and the charge amount for each service. Adult Services has several financial assistance programs available and are subject to income, family size, residency, and program guidelines. Subsidized funding may be available through the Center and hospital financial assistance. Each financial assistance program has specific qualifications and guidelines. A financial assistance application must be completed and approved in order to qualify for subsidized or discounted services. Proof of income and residency may be required.

Psychotherapy Services	Charge	Unit of Service
Diagnostic Assessment	\$ 308.00	Encounter
Individual Psychotherapy (16-37 Min) (Psychologist)	\$ 95.00	Encounter
Individual Psychotherapy (38-52 Min) (Psychologist)	\$ 144.00	Encounter
Individual Psychotherapy (53+ Min) (Psychologist)	\$ 185.00	Encounter
Individual Psychotherapy (16-37 Min) (Therapist)	\$ 78.00	Encounter
Individual Psychotherapy (38-52 Min) (Therapist)	\$ 113.00	Encounter
Individual Psychotherapy (53+ Min) (Therapist)	\$ 154.00	Encounter
Family Psychotherapy	\$ 236.00	Encounter
Group Psychotherapy	\$ 80.00	Encounter
Psychotherapy for Crisis, First Hour (90839)	\$ 247.00	Hourly
Psychotherapy for Crisis, Each Additional 30 Minutes (90840)	\$ 123.00	30 Min

By signing below, the responsible party understands that:

- * I am liable for the full cost of services not covered by third-party payors.
- * Third-party payors (Medicaid, Medicare, private insurance, etc.) will be billed for any covered services to the extent that I am eligible.
- * If it is currently not safe for me or the third-party payor to be billed due to potential for harm/risk of life, I will discuss this concern with my provider.

Client Name Date of Birth

Client Signature Date Time

Parent, Legal Guardian Signature Date Time

Witness Signature Date Time