



PO Box 6055
Logan, UT 84341
435-752-8880

Ward Pay Referral Form

counseling@thefamilyplaceutah.org

Ward Pay Guidelines

A Ward Pay Referral Form can be obtained at TheFamilyPlaceUtah.org. Please complete and email to counseling@thefamilyplaceutah.org or mail to above address, Attn: Counseling. Ward Pay counseling rates are \$120 for the initial assessment and \$80 per session (for approx. 50 minutes of counseling). The rate for counseling above 50 minutes is \$25 per ¼ hour. The Ward may designate an amount to be paid by the client per counseling session. Payment for services provided are due at the time of service from the client and on receipt of an invoice mailed to the Ward billing address. Services may be suspended or discontinued when not paid within 30 days after date of invoice. Please complete one form for each client, i.e. when multiple family members are referred.

Ward Information

Ward: _____ Bishop: _____
Billing Address: _____ Phone: _____
_____ Email: _____

Referral Information

Client Name: _____ Parent/Guardian: _____
Client Phone: _____ Date of Birth: _____
Client Email: _____
Referral Reason: _____

Number of sessions or months authorized, generally sessions held once per week: _____

Client's pay per session _____

Please check your preference for follow-up consultation with the therapist: ___ billing only, ___ update after 4th session, or ___ specify desired interval for updates _____
best times to call _____, phone if different than above _____.

Agreement

The Family Place is hereby authorized to provide counseling services for the named person. I agree to the above Ward Pay guidelines, services, and payment terms. I will provide written authorization, i.e. letter or email, for counseling services to continue in addition to the authorized sessions.

Signature of referring Bishop

Date