

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

## **Clergy Pay Referral Form**

counseling@thefamilyplaceutah.org

## **Clergy Pay Guidelines**

A Clergy Pay Referral Form can be obtained at <a href="mailyPlaceUtah.org">TheFamilyPlaceUtah.org</a>. Please complete and email to <a href="mailyplaceutah.org">counseling@thefamilyplaceutah.org</a> or mail to above address, Attn: Counseling. Clergy 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 ½ hour. The Clergy 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 Clergy 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.

Clergy Information	
Church:	Contact:
Billing Address:	Phone:
	Email:
Re	ferral Information
···	ierra, miormation
Client Name:	Parent/Guardian:
Client Phone:	Date of Birth:
Client Email:	
Referral Reason:	
Number of sessions or months authorized, gene	rally sessions held once per week:
Client's pay per session	
Please check your preference for follow-up cons	sultation with the therapist: billing only, update after 4 <sup>th</sup>
Session, or specify desired interval for upda	ates,
	one if different than above
	Agreement
· · · · · · · · · · · · · · · · · · ·	e counseling services for the named person. I agree to the above ms. I will provide written authorization, i.e. letter or email, for e authorized sessions.
Signature of referring Clergy	