**Phoenix Fees**

**Effective January 1st 2017**

Welcome to Phoenix. Here at Phoenix our fees are kept to a minimum to ensure that therapy is affordable. Because our access to government funding is very limited we must charge fees. We rely on our fees to pay our counsellors and help keep the organisation running. Without charging fees we could not continue to remain open for business.

Effective January 1st our fees for all new clients will be based on earnings with the following schedule of fees applying.

**Adult Clients**

|  |  |  |
| --- | --- | --- |
| *Fee Category* | *Earning Per Year* | *Fee* |
| A1 | Less than $16,000 | $15 |
| A2 | $16,001 - $40,000 | $25 |
| A3 | $40,001 - $50,000 | $35 |
| A4 | $50,001 - $80,000 | $65 |
| A5 | $80,001 – $100,000 | $100 |
| A6 | Greater than $100,000 | $130 |

Adult sessions last approximately 50 minutes

**Child Clients (16 years and younger)**

|  |  |  |
| --- | --- | --- |
| *Fee Category* | *Earning Per Year* | *Fee* |
| C1 | Less than $16,000 | $10 |
| C2 | $16,001 - $40,000 | $20 |
| C3 | $40,001 - $50,000 | $30 |
| C4 | $50,001 - $80,000 | $40 |
| C5 | $80,001 – $100,000 | $50 |
| C6 | Greater than $100,000 | $65 |

Sessions for Children can range from 20 - 45 minutes.

Fees for Children are based on parental earnings.

**Department for Child Protection and Family Support (DCPFS) referred Clients**

We have a contract to provide counselling services to DCPFS referred clients. Therefore, all clients who are formerly referred to us from DCPFS are not required to pay for sessions. A formal referral consists of DCPFS sending a letter to Phoenix asking us to see you. Without this letter the normal fees will apply.

DCPFS clients please speak to the office manager before your first session to confirm that a referral has been received and that no fee applies.

**Family Sessions**

|  |  |  |
| --- | --- | --- |
| *Fee Category* | *Earning Per Year* | *Fee* |
| F1 | Less than $16,000 | $20 |
| F2 | $16,001 - $40,000 | $30 |
| F3 | $40,001 - $50,000 | $40 |
| F4 | $50,001 - $80,000 | $80 |
| F5 | $80,001 – $100,000 | $120 |
| F6 | Greater than $100,000 | $150 |

Family sessions last approximately 50 minutes

**Financial Hardship**

If at any time during the process of attending therapy you find your circumstances change and you experience financial hardship, please discuss your situation with the Office Manager. The Office Manager will help you apply for Financial hardship consideration and will forward your application to the Executive Officer for approval.

**Emergency Ambulance**

Occasionally it is necessary for a client to be taken to hospital in an ambulance to ensure they stay safe. Should an ambulance be called to take you to hospital you will be responsible for the cost.

Please check with your health provider to ensure you are covered, or consider investigating the cost of ambulance only cover.

*If you have any queries about fees or any of the information provided above,*

*please speak to the Office Manager.*

**Client’s Signature**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the counselling fee schedule and confirm I have

understood the contents.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phoenix Fees for Existing Clients**

**Effective January 1st 2017**

We regret to inform our existing clients of an increase in our fees. Phoenix tries to keep our fees to a minimum to ensure that therapy is affordable. However, because our access to government funding is very limited we must charge fees. We rely on our fees to pay our counsellors and help keep the organisation running. Without charging fees we could not continue to remain open for business. There is a different fee structure applicable to all new clients. In recognition of the low fees our existing clients have been paying we have limited the increase to only $5.00 per session.

**Existing Paying Clients**

**Increase of $5.00 per session**

Effective January 1st there will be a $5.00 increase in the charge for each session for all adult and child clients. This means that if you currently pay $50 per session from January 1st 2017 you will be paying $55.00 per session. If you currently pay $80.00 per session the new fee will be $85.00. Please speak to the office manager if you have queries about the new fee that will be applicable in your circumstances.

**Existing Pro Bono Clients**

**Increase of $5.00 per session**

The increase in fee applies to existing clients who currently receive our services on a pro bono basis. From January 1st, 2017, you will be required to pay for your counselling sessions.

**Existing Department for Child Protection and Family Support (DCPFS) Clients**

**No Change in Fees**

We have a contract to provide counselling services to DCPFS referred clients. Therefore, all clients who are formerly referred to us from DCPFS are not required to pay for sessions. A formal referral consists of DCPFS sending a letter to Phoenix asking us to see you. Without this letter the normal fees will apply. DCPFS clients please speak to the office manager before your first session to confirm that a referral has been received and that no fee applies.

**Criteria to Meet the Existing Client Category**

If it common for clients to have a break in counselling. Sometimes that break can be years long other times it is for a few months. If you cease attending session for a period of 12 weeks or more you will no longer be categorised as an existing client. Therefore, should you return for further counselling the fee structure applicable to new clients will apply.

**Emergency Ambulance**

Occasionally it is necessary for a client to be taken to hospital in an ambulance to ensure they stay safe. Should an ambulance be called to take you to hospital you will be responsible for the cost.

Please check with your health provider to ensure you are covered, or consider investigating the cost of ambulance only cover.

*If you have any queries about fees or any of the information provided above,*

*please speak to the Office Manager.*

**Client’s Signature**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the counselling fee schedule and confirm I have

understood the contents.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_