



Hicks Counseling Services

Beverly Hicks, M.Ed.
NC: LCMHC, CCS, CADC
TX: LMFT, LCDC

Mailing Address
9650 Strickland Rd. Suite 103-424
Raleigh, NC 27615

Office: 919.904.4257
Fax: 866.594.1848

www.hickscounseling.com

FEE SCHEDULE

All co-pays and out-of-pocket payments must be paid at the time of service. If you are unable to attend therapy with your child, please send them with the appropriate payment.

Clients are responsible for contacting their insurance company to obtain authorization, co-pay, deductible and benefit period information. Please provide this information with a copy of the front and back of your insurance card by either faxing it to (866) 594-1848, emailing it to hickscounseling@gmail.com or bring it at the time of your visit. If you have questions regarding in-network or out-of-network outpatient mental health benefits, please call your insurance company. As the patient/guarantor, it is your responsibility to know your insurance benefits and to provide our office with accurate and current insurance information.

For your convenience, we accept MasterCard, Visa, Discover, American Express, cash or checks.

Initial Evaluation	\$200
Individual Psychotherapy	\$165
Family /Conjoint Psychotherapy	\$165
Support Group	\$60
Life Coaching	\$165
Legal Services	\$500/hour* plus \$200/day for being on-call for court consultation
Form Completion/Letter Writing	\$165/hour**
Phone Consultation	\$40/15 minute increments***
Supervision	\$100/hour

*Legal Services are NOT performed unless required by subpoena. Court appearances, depositions, phone calls with attorneys and records required are included in this fee. This service is not billable to your insurance company and must be paid out of pocket **before** services are rendered.

**This includes recommendation letters, forms for schools, disability forms, and letters to employers. This service is not billable to your insurance company and must be paid out of pocket.

***In special situations, clients may schedule a phone session or consultation. These situations are billed as a regular psychotherapy session and billed to insurance. Out-of-pocket phone consultation fees apply when the client does not have a scheduled phone session but requests a phone call on ANY topic other than appointment scheduling. Such time is not billable to your insurance company.

If you are unable to attend your scheduled session and do not cancel within the 2 business days, you will be charged \$75 which is NOT billable to your insurance company. Please sign below indicating you have read and agree to pay the above fees for services.

Printed Name: _____

Signature: _____

Date: _____