Inner Resources Counseling, Inc.
Estimate For Treatment
Outpatient Counseling, Office Setting
807 West Broad Street
Bethlehem, PA 18018

Phone: 610-419-9415 Fax: 610-419-9418
National Provider Number - 1255771739 Tax Identification Number – 46-3031548

Provider Name - _____
Provider Phone - Provider Email –

Details of Services and Items For _____Inner Resources Counseling

Service	Address	Diagnosis Code	Service Code	Quantity	Expected Cost
Total Expected Charges From Inner Resources Counseling					**$**

Please note that this is being provided to you as a good faith estimate, of the number of sessions and costs, being provided to you. The number of sessions may vary, based on severity of symptoms and upon agreement between yourself and your clinician.

Explanation of Private Payment Fees

$140.00 Initial Session

$140.00 Individual Session

$140.00 Family Session with or without patient

$30.00 Group Therapy

No-Shows will result in charge of full fee of $140

Late cancellations (less than 24 hour notice) are billed $50, with repeated instances potentially resulting in full $140 fee.

Please note that therapeutic interactions are encouraged to take place, while in session. In the event that your therapist is available for you, by phone, outside of session, phone calls and voice mail messages are billed as follows:

$30.00 for 1-15 minutes

$75.00 for 16-30 minutes

$100.00 for 31-45 minutes

$150.00 for 46-60 minutes

$50.00 minimum charge for letter writing

$35.00 minimum charge for file copying