

marie carter and associates...
pastoral counseling services
843.412.4444

Fee Adjustment Request

DO NOT USE CLIENT NAME FOR IDENTIFICATION.

Case No: _____ Therapist Name: _____

The above client requests that their fee be adjusted from \$ _____ to \$ _____ for the following reasons:

This client has a yearly net salary of \$ _____ and _____ dependents.

Reason for fee adjustment: Circle the appropriate choice(s).

- | | |
|--|---------------------------------|
| a. Client recently lost his/her job. | e. Excessive credit card debts. |
| b. Spouse recently lost his/her job. | f. Recent divorce/separation. |
| c. Other business reversals. | g. Legal bankruptcy |
| d. Has medical bills in excess of \$_____. | h. Caring for elderly parent. |

Use the space below to elaborate on the above reason(s) or list other reasons not covered.

It has been made clear to the client that if his/her financial situation improves, he/she will inform me and the fee will be adjusted accordingly.

Therapist

Date

Supervisor's Approval

Date