



iHope Christian Care & Counseling Center, Inc.  
 1414 W. Evans St., Florence, SC 29501  
 (843) 702-0323  
[www.ihopeflorence.com](http://www.ihopeflorence.com)

**Financial Policies and Fee Structure**

As a 501(c)(3) non-profit organization, The iHope Center is committed to keeping client fees low. Session fees are set based on the counselor’s credentials as outlined below. iHope does not file insurance claims for clients.

**Payment is due at the time you arrive for the session. Payment can be made by cash, check, or credit/debit card. Checks can be made to “The iHope Center.”**

<b>iHope Fee Structure</b>	
<b><u>Counselor Credentials</u></b>	<b><u>Session Fee</u></b>
State-Licensed Counselor (LPC, LPCA)	\$75 per hour
Life Coach	\$65 per hour
Graduate Student Intern	\$55 per hour

*Sessions are 50 minutes, with 10 minutes reserved at the end for required record keeping.*

Other fees may be required for out-of-session work such as phone calls, consultations, paperwork, or other.

Some insurance companies will reimburse you for all or part of your counseling fee. It is your responsibility to check with your insurance provider about coverage and file for any reimbursement for which you may be eligible. While we do not file insurance, we will provide appropriate documentation for you to give your insurance company, if requested. The iHope Center does not guarantee insurance reimbursement.

Ministry support is available for full time pastors who inform the office manager of their current ministry status. There are a limited number of Financial Hardship Scholarships available for those experiencing a financial emergency and in need of a short-term fee reduction. Speak to your counselor or the office manager to apply.

**Cancellation Policy**

**The iHope Center requires 24-hour notice for all cancellations or rescheduling. Late cancellation or “no show” for a scheduled session will be billed at the full session rate to the individual,** and must be paid before the next session is scheduled. It is considered a “no show” at 20 minutes after the appointment time.

Two consecutive no-shows, or other patterns of missed sessions, will be addressed by your counselor and may result in termination of treatment even if payment is made. Your counselor has the right to withhold further counseling if financial obligations are not met or treatment is interrupted by patterns of missed sessions.

**I have read and understand the Financial Policy and Fee Structure as stated above, including cancellations and “no shows,” and I agree to meet these financial obligations.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name

**Please complete if client is under 18:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_