

Miranda Thornton, M.S., LMFT-Associate  
 License Number 201848  
 Phone: 940-594-4482



525 S. Carroll Blvd  
 Suite 204  
 Denton, Texas 76201

## Fee Scale and Information

- This office works on a sliding scale fee. All sessions must be paid for at the time service is rendered, via cash or check only, according to the scale below. Additionally, any sessions not cancelled according to the cancellation policy (by 5pm the day prior, with the exception of an emergency) will also be subject to this same fee, which must be paid prior to the start of the next scheduled session.
- Initial sessions are 45-90 minutes, and are the price quoted by the therapist during the phone consult.
- Individual sessions last approximately 45-50 minutes, couple and family sessions MAY last approximately 50-90 minutes. I understand that the rates for all counseling sessions are based on a sliding scale and that I am responsible for payment by cash or check at the time of each session. I understand rates are based on a 45-50 minute session, and any time after the 50 minutes is billed on a \$1 per minute basis above and beyond where I fall on the sliding scale fee.
- I understand that this therapist does not accept insurance, but can provide a statement of services received if I choose to seek reimbursement for any services obtained. I understand that if a check is returned, I am responsible for all bank fees accrued. Additionally, I will need to make a cash or money order payment for the returned check and processing fees.

Please circle you Household Income and the number of persons in your family.

	Family Size	1-5 Persons	5+ Persons
Household Income			
\$0-\$30,000		\$25	\$20
\$31,000-\$60,000		\$50	\$40
\$61,000-\$90,000		\$75	\$60
\$91,000+		\$100	\$75

As the client, I understand my fee for each session, and any session not canceled in accord with the cancelation policy, will be \_\_\_\_\_. I will pay for this session via cash or check at the time services are rendered. I also understand that I am responsible for any additional fees incurred if a check is returned due to insufficient funds.

Client Name (Please Print) \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature \_\_\_\_\_

Client Name (Please Print) \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature \_\_\_\_\_

Therapist: Miranda Thornton, M.S., LMFT-Associate

Date: \_\_\_\_\_

Therapist Signature \_\_\_\_\_

Supervisor: Karen Kudlac, PhD, LMFT-S, LPC-S

Phone Number: 940-387-6264