Old & New Tables Counseling & Consulting, LLC

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**2021 Fee Schedule & Sliding Scale**

I do not accept insurance for services for several reasons. First, by making services private-pay, your privacy is enhanced as no information is shared with an insurance company and nor does our work become a part of your medical record. Additionally, I approach counseling and psychotherapy from a holistic and wellness-based perspective which may be incompatible with medicalized-approaches used by third-party payers that require a mental health disorder diagnosis to receive services. I do provide formal diagnoses should you require one for purposes of superbill creation, accessing other services or resources, and if a diagnosis becomes necessary to provide or receive adequate care.

Superbills are documents which you may submit to your insurance company to request reimbursement for services you have already paid for. While I am happy to provide you with this documentation, I am neither able to assist in the submission of these claims nor guarantee their reimbursement. In order to increase chances of reimbursement, a superbill must indicate diagnosis and treatment of a mental health disorder. Psychedelic integration services are not eligible to be listed on a superbill.

Please indicate below whether you would like to request monthly superbills for services:

Yes, I would like a superbill provided every month

No. I agree to let my provider know if I change my mind and understand that this request cannot be retroactively applied to past services.

The tables and questions on the next page will help you find my rates for psychotherapy and counseling services on my sliding scale but are NOT reflective of rates for facilitating ketamine-assisted sessions. Ketamine-assisted sessions may be subject to an additional charge based on my negotiations with the prescribing physician(s). In certain instances, I may require proof of income. Please note that this sliding scale only captures taxable income and not other assets. If you hold significant assets beyond your taxable income, I ask that you take these into account in deciding where you fall on the scale. If you are still unable to afford services, you may request pro-bono services for up to three months at a time, though there may be a wait period for this service.

First, find the Federal Poverty Level for households your size:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Persons in Household** | **1** | **2** | **3** | **4** | **5** | **6+** |
| **FPL** | $12,880 | $17,420 | $21,960 | $26,500 | $31,040 | Inquire with therapist |
| **Check the appropriate box** |  |  |  |  |  |  |
| Retrieved from: https://aspe.hhs.gov/poverty-guidelines | | | | | | |

Then, write your Adjusted Gross Income reported on your most recent federal income tax return (Form 1040 Line 8b). If this information is not readily available, provide your best estimation of annual income for the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Then, divide this number based on the federal poverty level for number of persons in your household, multiply by 100, and enter that number below.



Find your number in these ranges, which display my scaled rates.

<300% of FPL; **$60/hr**

300% - 400% FPL; **$75/hr**

401% - 500% FPL; **$95/hr**

501-600 $120

>600% FPL; **$150/hr**

I would like to pay more than where I fall on the scale: $\_\_\_\_\_/hr

I would like to request pro-bono services

By signing my name below, I agree to pay the rate indicated above for psychotherapy and counseling services as well as rates for any additional services. I understand that these rates do not encompass facilitation of ketamine-assisted sessions, which may be subject to an additional charge.

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Name Date of birth Relationship to client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date