



**GEORGIA  
SOUTHERN  
UNIVERSITY**

**PSYCHOLOGY CLINIC  
DEPARTMENT OF PSYCHOLOGY**  
POST OFFICE BOX 8041-01  
STATESBORO, GEORGIA 30460-8041  
TELEPHONE (912) 478-1685

## Psychology Clinic Fee Schedule

Please use the following table to determine fees per session. Circle the amount you will pay per session and write the amount in the space provided below.

Gross Annual Household Income	Number of individuals in household							
	1	2	3	4	5	6	7	8
<b>\$0-14,999</b>	5	5	5	5	5	5	5	5
<b>\$15,000-19,999</b>	10	5	5	5	5	5	5	5
<b>\$20,000-24,999</b>	15	10	5	5	5	5	5	5
<b>\$25,000-29,999</b>	20	15	10	5	5	5	5	5
<b>\$30,000-34,999</b>	25	20	15	10	5	5	5	5
<b>\$35,000-39,999</b>	30	25	20	15	10	5	5	5
<b>\$40,000-44,999</b>	30	30	25	20	15	10	5	5
<b>\$45,000-49,999</b>	30	30	30	25	20	15	10	5
<b>\$50,000-54,999</b>	30	30	30	30	25	20	15	10
<b>\$55,000-59,999</b>	30	30	30	30	30	25	20	15
<b>\$60,000+</b>	30	30	30	30	30	30	25	20

Fees will be collected at the beginning of each session. We accept personal checks or cash. If you are concerned about payment of these fees, please discuss your concerns with your therapist. Please make checks payable to: Georgia Southern University or GSU.

There is a standard rate of \$5.00 charged for the intake/initial assessment. I also agree to pay \$\_\_\_\_\_ per session for services rendered as noted above in the fee schedule.

\_\_\_\_\_  
Client Name(s) (Print)

\_\_\_\_\_  
Client Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date