LOYOLA UNIVERSITY NEW ORLEANS
CENTER FOR COUNSELING & EDUCATION
Quality Mental Health Treatment & Training

Payment Agreement

Client Name: _____ Client DOB: _____

At LCCE, we aim to provide the best care at an affordable cost. Therefore, clients seen for general counseling are responsible for paying an out-of-pocket fee for sessions based on a Sliding Scale Schedule. Please refer to the LCCE Sliding Scale Schedule listed below. Please note that the following fees apply to individual, couples, and family sessions. Group session fees are separate, fixed rates. Fees are determined based on how many individuals are in the home and annual household income.

2025 LCCE Sliding Scale for Session Fees								
	0-100% FPL	101-150% FPL	151-200% FPL	201-250% FPL	251-300% FPL	301-350% FPL	351-400% FPL	400%+ FPL
	$5	**$10**	**$15**	**$25**	**$30**	**$35**	**$40**	**$50**
1	$0-$15,650	$15,651-23,475	$23,476-31,300	$31,301-39,125	$39,126-46,950	$46,951-54,775	$54,776-62,600	$62,601-
2	$0-$21,150	$21,151-31,725	$31,726-42,300	$42,301-52,875	$52,876-63,450	$63,451-74,025	$74,026-84,600	$84,601-
3	$0-$26,650	$26,651-39,975	$39,976-53,300	$53,301-66,625	$66,626-79,950	$79,951-93,275	$93,276-106,600	$106,601 -
4	$0-$32,150	$32,151-48,225	$48,226-64,300	$64,301-80,375	$80,376-96,450	$96,451-112,525	$112,526 -128,600	$128,601 -
**Add $5,500 for additional family members beyond 4.*							Updated 3/20/25	

Agreed Upon Session Fee: _____

My signature below indicates the following:
- I hereby agree to pay the above amount per session to Loyola Center for Counseling & Education (LCCE).
- I understand payment is due at the time of service and that LCCE will take further action if I fail to make these payments.
- I understand I can pay for sessions by cash or check, or make online payments through LCCE's website (http://cnh.loyno.edu/lcce) by selecting the "Make a Payment" tab. Checks should be made to Loyola Center for Counseling & Education.
- I understand that I can collaborate with my counselor to discuss alternative payment arrangements if I cannot continue paying the agreed-upon fee listed above.

Print Name: _____ Signature: _____

Relationship to Client: _____ Date: _____