

# The Empowerment Group Membership Plan Agreement

Member Full Name: \_\_\_\_\_

Member's Guardian Name if Minor: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_\_

Telephone Number: Cell \_\_\_\_\_ Home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dependent Names:	Date of Birth:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I agree to use The Empowerment Group Plan Membership in Lieu of any insurance plan that I or my dependents may have and I agree not to bill my insurance company for services provided to me by my Empowerment Plan Membership selected mental health provider.*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Selected Mental Healthcare Provider Name: \_\_\_\_\_

## Annual Membership Fee:

Member only: \$50.00

Member plus dependent: \$89.00

Yearly renewal fee: \$35.00

## Session Fees for LAC or LMSW:

Individual 60 minute session: \$95.00

Family session 45 minutes: \$105.00

Group sessions (per hour): \$50.00

## Session Fees for LPC or LCSW:

Individual 60 minute session: \$105.00

Family session 45 minutes: \$115.00

Group sessions (per hour): \$50.00