

The Empowerment Group Membership Plan Agreement

Member Full Name: _____

Member's Guardian Name if Minor: _____

Social Security (Guardian's if member is a minor): _____

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: \$89.00

Member plus dependent: \$150.00

Yearly renewal fee: \$50.00

Session Fees for Licensed Associate Counselor (LAC):

Individual 60 minute session: \$85.00

Family session 45 minutes: \$95.00

Group sessions (per hour): \$50.00

Session Fees for Licensed Professional Counselor (LPC):

Individual 60 minute session: \$95.00

Family session 45 minutes: \$105.00

Group sessions (per hour): \$50.00