



Staff Use only (initials/date rec'd):

Clinical Services Request

Rates effective 7/1/25

Client's Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Phone _____ Email: _____

SELECT SERVICE(S)*

RATE

- 1:1 Applied Behavior Analysis (ABA) Therapy with Behavior Technician
BCBA/BCaBA Treatment Planning/Client Treatment/ Family Guidance \$110/hour
\$189/hour
- Diagnostic Evaluation \$194/hour
- Individual Counseling/Psychotherapy (30/45/60 minutes) \$121/\$182/\$211
- Family Counseling/Psychotherapy \$182/hour
- Couples counseling (specializing in couples with neurodivergent partner(s)) \$182/hour
- Offsite Consultation with BCBA/BCaBA (travel charges may apply) \$189/hour

*May be covered through private health insurance and/or Medicaid and subject to co-pays or co-insurance

SIGNATURE OF PARENT/GUARDIAN

DATE

*This is a request form only and not a guarantee of services.
This form is not a replacement for any insurance company or other funders' requirements.*

Return completed form to: Dasheka Gray dasheka.gray@abcofnc.org