SUPPORTIVE SERVICE FEE AGREEMENT

THE CHILD CENTER OF NY
Strengthening Family. Building Community.

Client Name: _____ Phone: _____ Date of Birth: _____

Home Address: _____

Name of Person Responsible for Payment: _____ Relationship to Client: _____

For commercial insurances, supportive services will be charged a flat rate of $60.
For those eligible for sliding scale fee, refer to fee schedule.

SUPPORTIVE SERVICES AVAILABLE CHARGES WHEN NOT COVERED BY INSURANCE	
Services	Amount ($)
Primary Care	
Peer Services	
PRS	
TCM	
SBIRT	
Smoking Cessation	
IM Services	

The Child Center of NY accepts many insurances, including Medicaid. For some insurances all services may not be covered.

For Commercial insurances/Medicare/Tricare/CHP/Essential Plans – Clients with these plans will be set up to bill to their insurances for regular services the plan does cover.

Clients will be informed when these additional services will be provided.

I have read and agree to abide by *The Child Center of NY Client Payment Policy*. Unless I, or my child, qualify for healthcare benefits and remain covered for each visit, I agree to pay The Child Center of NY for services rendered to me or my child at the above rates.

Applicant or Responsible Party Signature	*Print Name*	*Date*
Program Representative Signature	*Print Name*	*Date*

12/2025

Cohen Family Wellness Center
43-08 52nd Street, Second Floor
Woodside, NY 11377
Phone: 718-458-4243 Fax: 718-458-4481

Jamaica Family Wellness Center
163-18 Jamaica Ave, 2nd Fl
Jamaica, NY 11432
Phone: 718-297-8000
Fax: 347-571-2448

Macari Family Wellness Center
140-15B Sanford Ave, 2nd Fl
Flushing, NY 11355
Phone: 718-358-8288