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Fee Policy

(Effective 1/1/2013)

Fees are an important issue to anyone receiving professional services. This policy is provided to clarify my fees.

THERAPY/ASSESSMENT FEES:

(90791) Initial Intake Assessment	$160.00
(90832) Psychotherapy 30 min.	$ 80.00
(90834) Psychotherapy 45 min.	$140.00
(90837) Psychotherapy 55 min.*	$160.00
(90853) Group psychotherapy	$ 80.00
(90847/90846) Marital/Family Psychotherapy**	$160.00
(96101) Psychological testing, per hour***	$150.00

* Insurance companies may not cover a 60 minute session without preauthorization.
** Many insurance companies will not cover marital/family therapy. Please check with your insurance company.
***Insurance companies vary on Psychological Testing coverage. Please check with your insurance company.

CHARGES NOT COVERED BY INSURANCE:

Phone Sessions/Consultations (over 10 min.)	$160.00 (pro-rated based on hourly fee.)
Missed Appointment/Late Cancellation (less than 24 hour notice)	$100.00
Letters/Reports/Forms/Professional Consultation	$160.00 (pro-rated based on hourly fee.)
Records Requests	$ 25.00
Legal/Court related fees (preparation, transportation, testimony)	$200.00 per hour

Missed Appointment Policy

- Scheduling of an appointment involves the reservation of time specifically for you. Appointments cancelled without sufficient notice (at least 24 hours) will be charged a Missed Appointment Fee of $100.00.
- Insurance will not pay for a missed appointment. You will be responsible for the entire fee.
- We often have clients who are on a waiting list for an appointment time. Please give as much notice as possible as we will make every effort to fill your reserved appointment time. If we are able to fill your appointment time, you will not be charged.
- If you miss an appointment and we do not hear from you, we will cancel any future appointments.

Missed Appointment/Late Cancellation Fee (less than 24 hours notice) **$100.00**

PAYMENT METHOD: All payment, deductibles, and co-payments are expected at the time services are rendered. Payment may be made by check or cash. We will not bill a 3rd party such as a parent or spouse, they may however prepay for sessions if that is more convenient than paying each session.

INSURANCE: If you have insurance coverage, our office will assist you in filing for reimbursement. If you have insurance with a manage care company you are responsible for obtaining authorization for the initial assessment. If we have not received authorization ahead of time, you will need to pay the full fee and will be provided with a refund if your insurance company makes payment. All co-payments are expected at the time services are rendered. Please note that we file insurance as a courtesy to you and that you, not your insurance company, are ultimately responsible for your bill. You are responsible for informing us of any changes in your insurance and/or demographic information.

PAST DUE ACCOUNTS: If an account is past due by 90 days, unless arrangements have been made, the account will be sent for collect and/or small claims court, and you will be responsible for any additional collection agency fees, attorney fees, court costs, and other expenses incurred in the collection of the account. There will be a $10.00 late fee for each month the balance remains outstanding, over 90 days.

I have read the above fee policy and have been provided a copy of the same for my records. I understand the policy and by my signature below, I agree to be bound by the terms of this policy. Any and all negotiated exceptions or special arrangements are listed below.

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Print Name _____ Responsible Party Signature _____ Date _____