

Welcome to our practice. We are committed to providing you with the best possible care. Your clear understanding of these policies is important to us. Please ask if you have any questions regarding any of our policies. Once you sign this form, it will constitute a binding agreement between us.

Billing and Payments- Our office will verify and bill your insurance as a courtesy to you. We WILL NOT be involved with any disputes regarding insurance coverage. We are specifically told from each insurance company that the benefits quoted are not a guarantee of payment from your insurance company. We strongly suggest that you also call your insurance company to verify your benefits and any out-of-pocket expenses you may be responsible for. You are ultimately responsible for all charges incurred, regardless of potential insurance benefits. We do expect payment for any co-pays, cost shares, deductibles and non-covered services at the time of service.

Professional Fees-

	Initial	½ Hour	1 Hour	Crisis
Psychologist	\$150.00	\$75.00	\$130.00	\$200.00
LPC	\$120.00	\$60.00	\$105.00	\$150.00
LCSW	\$120.00	\$60.00	\$105.00	\$150.00

The rates for psychological testing are \$175.00 an hour and the amount of time needed varies with each test. There are other professional services you may require that are not covered by insurance, such as report writing, telephone consultations, and attendance at meetings or treatment summaries. If you become involved in litigation, which requires our participation, you will be expected to pay for the professional time required, even if your therapist is compelled to testify by another party. Because of the complexity and difficulty of legal involvement, we charge \$150.00 per hour for preparation time and attendance at any legal proceeding.

Returned Check Fee- There will be a \$27.00 charge for each returned check.

No Show/Late Cancellation Fees- Our practice asks that if you are unable to keep your scheduled appointment, please give our office 24-hour notice. We understand that emergencies do happen unexpectedly and will cause you to have to cancel your appointment at short notice. Our policy is the first no show/late cancellation is forgiven, the second is a \$30.00 charge, and the third is the price of the session missed. Please remember that these fees are not covered by insurance.

Contacting Your Therapist- Office staff is available to answer the phones Monday through Friday, 9:00 am to 5:00 pm. After this time, the answering machine lists the on-call provider's pager number. If you are having a life-threatening emergency, you call 911 or go to the nearest hospital emergency room.

Minors- Any patient under the age of 18 must be accompanied by a parent/guardian to the initial visit, and the parent/guardian must sign all paperwork. The parent or guardian is responsible for any incurred charges.

Consent for Treatment- I, hereby, am consenting to outpatient treatment for myself, for my child, or for the person of whom I am the legal guardian or legal representative.

Signed: _____ Date: ___/___/___

Signature of therapist: _____ Date: ___/___/___