



**PRACTICE POLICIES**

**FEES FOR SERVICE**

Regular fees are as follows:

\$120 45 minute session	\$175/Hr. Psychological testing
\$140 60 minute session.	\$200/Hr. Neuropsychological testing
\$175 Initial clinical interview	\$200/Hr. Forensic testimony
\$50 Late Cancel Charge	\$140/Hr. Consultation/Correspondence
\$100 No Show Charge	\$50 Group Session

**PROFESSIONAL CORRESPONDENCE**

Telephone conversations, completion of letters, forms, and other professional correspondence are billed in 15-minute increments, at \$35.00 per 15 minutes. Additional fees for copies of records may apply at \$0.25 a page. Clients are responsible for the payment of professional correspondence fees, unless paid by an attorney or other agency.

**FINANCIAL RESPONSIBILITY**

**Payment is expected at the time of service.** If our office is billing your insurance, you are expected to pay any copay, coinsurance, and/or deductible at the time of session.

Clients are responsible for all fees. When insurance coverage is available, the office will bill the insurance company as a service to the client. If you plan to have our office submit the bill to your insurance company, you should contact your plan administrator to clarify mental health benefits. Our office manager will also contact your insurance company to verify benefits and eligibility, but the information obtained is not guaranteed to be accurate and does not guarantee that your insurance will pay for services. If the insurance company does not pay for any reason, such as deductible or the policy limits being exceeded, the client is responsible for payment.

**CANCELLATIONS**

Once you have a scheduled session, you are expected to pay for it unless you provide us with **24 hours advance notice** of cancellation.

- If you cancel within the 24 hours, you will be charged \$50.
- If you do not cancel at all prior to the session, you will be charged a fee of \$100.

**SIGNATURE**

I have read these policies and agree to be bound by their provisions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date