SERVICES PROVIDED	FEE
Initial evaluations & diagnostic inventory	$165.00
Individual psychotherapy sessions (53-60 minutes)	$125.00
Individual psychotherapy sessions (45 minutes)	$100.00
Individual psychotherapy (30 minutes)	$ 75.00
Family psychotherapy sessions (53-60 minutes)	$125.00
Psychological/Educational testing (per hour)	$100.00
Interpretation/scoring/report writing (per hour)	$100.00

SERVICES NOT BILLABLE TO INSURANCE

Court testimony, including travel & wait time (per hour)	$175.00
Missed Appointments (No Call/No Shows)	$ 50.00
Late Cancellations (less than 24-hour notice)	$ 50.00
Consultations with schools on client's behalf	$100.00
Returned Check (NSF)	$ 25.00
Telephone consultations (longer than 10 minutes)	$ 25.00

PSYCHOLOGICAL/EDUCATIONAL TESTING, SCORING AND REPORT WRITING

If your provider or primary care physician suggest psychological/educational testing as another means of treatment planning, we will be happy to furnish you with an estimated quote for the testing, interpretation, scoring, and report writing at your request. It is your responsibility to know what your insurance will reimburse, your copays and what is not covered and if your insurance requires prior authorization. All children test at different levels and some children require more time while others take less time.

BEFORE YOUR COMPLETED REPORT CAN BE RELEASED, ALL SELF PAYMENTS, INSURANCE PAYMENTS OR DEDUCTIBLES MUST BE PAID. THERE IS NO EXCEPTION TO THIS POLICY!

PAYMENT ON ACCOUNTS

You will be required to pay your copay, deductible or out of pocket expenses at the time of your appointment. We understand on occasions you may have forgotten your money or debit/credit/flex card and payment will be expected in full on your next visit. However, should your account become overdue by $200.00, we reserve the right to cancel any future scheduled appointments until your account is paid.
If your account becomes over 60 days, we reserve the right to take necessary action to collect these monies.

We suggest, in case one of these situations arises, that you elect to keep your debit/credit or flex card on file. From time to time, with your provider's approval, you may wish to have your sessions by telehealth (doxy) or by telephone. If this happens, we will require you to keep a debit/credit or flex card on file so payment can be made at the time of your session.

MISSED APPOINTMENTS AND LATE CANCELLATIONS

In the event a client cannot attend a scheduled appointment, 24-hour notice is expected. On occasion, a client may have a circumstance that requires immediate attention, and proper notice cannot be given, and we understand. We do reserve the right to cancel any future scheduled appointment if two appointments are missed.   However, clients who continue to cancel late and either do not show or don't call will be charged a fee and if missed appointment and late cancellation continue, the client could be terminated by the provider. An email is sent via Therapy Notes on each client's behalf at least 48 hours in advance. It is the client/parent/guardian's responsibility to keep their provider informed of any changes to the demographic, changes to the email and to open their emails. You may also call the office at (919) 266-4358 to verify the appointment date and time.

SEPARATION/DIVORCE POLICY

For parents who are separated, pending separation, divorced, or engaged in litigation, a current custody order needs to be provided to your provider during the initial appointment as well as both parents will need to sign The Separation/Divorce Agreement. The parent that initiates the service will be held financially responsible. We do not provide divided statements; it is the parents responsibility to adhere to the custody order of the courts.

As a client/parent/responsible party, I acknowledge I have had an opportunity to review the Fee Schedule and all other forms, and I have been given an opportunity to request a copy of all signed forms.

SIGNATURE OF CLIENT/PARENT/RESPONSIBLE PARTY_____

DATE SIGNED AND REQUESTED COPIES RECEIVED_____