

**FEE POLICY**

Fees are an important issue to anyone receiving professional services. This policy is to clarify our fees. This policy is not applicable to current Medicaid enrollees.

**THERAPY FEES:**

(90791) Initial Intake Assessment – 50 minutes	\$150.00
(90837) Individual Therapy – 53-60 minutes	\$150.00
(90834) Individual Therapy – 38-52 minutes	\$130.00
(90832) Individual Therapy – 16-37 minutes	\$ 65.00
(90853) Group Psychotherapy	\$ 40.00
(90785) Interactive Complexity (Alternative Communication)	\$ 20.00

**TESTING FEES:**

(96116) Initial Intake Assessment	\$150.00
(96118) Neuropsychological testing, per hour*	\$140.00
(96119) Neuropsychological testing, with technician, per hour*	\$140.00
(96101) Psychological Testing, per hour	\$140.00

\*Insurance companies vary on Psychological Testing coverage. Please check with your insurance company.

**CHARGES NOT COVERED BY INSURANCE:**

IQ Testing for School Placement	\$300.00
Achievement Testing, per hour*	\$140.00
Phone Sessions/Consultations (over 10 min.)	\$120.00 (pro-rated)
Letters/Reports/Forms/Professional Consultation	\$120.00 (pro-rated)
Records Requests	\$25.00
Legal/Court related fees (preparation, transportation, testimony)	\$250.00 per hour
Urgent Requests	\$50.00

Missed Appointments
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- Scheduling of an appointment involves the reservation of time specifically for you.
- We often have clients who are on a waiting list for an appointment time due to an emergency or needing an alternative/earlier appointment time. Please give as much notice as possible as we will make every effort to fill your reserved appointment time. If we fill your appointment time, you will not be charged.
- If you miss an appointment and we do not hear from you, we may cancel any future appointments.

**PAYMENT METHOD:** All payment, deductibles, and co-payments are expected at the time services are rendered. Payment may be made by check, cash, or charge. We will not bill a 3<sup>rd</sup>. 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 60 days, unless arrangements have been made, the account will be sent for collection 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 \$20.00 late fee for each month the balance remains outstanding, over 60 days.

I have read the above fee policy and I may obtain a copy 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.

**I authorize payment of benefits to QC Psychology, for services provided and I authorize QC Psychology to release to my insurance company any medical information necessary to process this claim and/or to obtain authorization for treatment.**

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*updated 4/23/18