



*This Notice sets forth the terms of an agreement between patient and therapist regarding payment for treatment. Please be sure to read it in its entirety.*

### **Fees**

Sessions are 45-50 minutes and I value our time. Patients receive my undivided attention, expertise, and commitment. In return, I expect prompt, full payment.

My full fee is \$165. I offer reduced fees based on individual circumstances.

I accept checks and credit cards including VISA, Master Card, American Express, and Discover. There is a \$4 processing fee for each session paid by credit card.

I provide patients with an invoice each month.

### **Insurance**

I am an out-of-network provider and, if they choose, patients may use the monthly invoice I provide to file for reimbursement from their insurance networks. The invoice will include all the information needed to file. For more information, please refer to my website page on Insurance.

### **Cancellation Policy**

I schedule only **standing appointments**, and any missed appointment is considered a cancellation. I encourage patients to **limit cancellations to fewer than four per year**.

I require **48 hours' notice** to cancel an appointment.

**Late cancellations and no-shows, as well as 5th and subsequent cancellations, are billed at full fee, \$165. Cancellations due to illness are billed at \$100.00.**

There is **no charge** to reschedule an appointment in advance, and there is no charge when driving to/from appointments is hazardous and necessitates a weather-related cancellation.

**At any time, please feel free to let me know if you have questions or concerns.**