



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 payments using Zelle, checks, and credit cards.
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 you choose, you may use the monthly invoice I provide to file for reimbursement from your 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.

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