



*This Notice sets forth the terms of an agreement between patient and therapist regarding payment for treatment. Please be sure to read the terms in their 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 fees are as follows: \$165 first session, \$135 subsequent sessions. I offer reduced fees based on individual circumstances.

For correspondence and reports, including time required for phone calls over 10 minutes, there is a \$50/half-hour fee.

I accept cash, checks, and credit cards including VISA, Master Card, American Express, and Discover. There is a \$2.00 processing fee for each session paid by credit card.

For returned checks, there is a \$50 fee. Once a check is returned, I will only accept cash or credit cards.

I provide patients with an invoice each month.

## **Insurance**

I am an in-network provider for the Hopkins Employee Health Plan and I bill for this plan on patients' behalf. Otherwise, I am an out-of-network provider and 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 are billed at full fee, \$135. 5th and subsequent cancellations and cancellations due to illness are billed at \$70.00 (half fee).**

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.

For more information, please refer to my website page on my Cancellation Policy.