



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 fee is \$150. 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 \$3.65 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 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, \$150. 5th and subsequent cancellations and cancellations due to illness are billed at \$100.00 (part 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.