

Statement of Financial Policy

Individuals seeking mental health services have a variety of concerns. In order to keep these concerns as focused on the treatment as possible we are providing you with information regarding the fees and charges for treatment.

1. Charges for outpatient services are \$125 for the diagnostic interviews lasting 45-50 minutes. Thereafter charges are \$100.00 for 45-50 minute individual, couples, or family sessions and \$50.00 for group sessions. Consultations with schools, other healthcare professionals such as family physicians, childcare providers, or members of the clergy are billed in 15-minute increments at a prorated rate of \$100 for 45 minute. Forensic (court) related work such as testimony or evaluation is billed at a rate of \$165 per 60-minute period.
2. The administration, scoring, and interpreting psychological tests, report writing, and time spent reviewing formal reports or documents is billed at a rate of \$100 per 45 minutes. Sometimes it is determined that a collection of psychological tests (a ~~test~~ battery+) would be of benefit (ex. during occupational, forensic, or some educational evaluations.) Under these circumstances special rates may apply.
3. Custody evaluations are charged at a rate of \$1,000 per adult involved. This included the contesting parents, their significant others, and/or any other adult that is likely to have a significant hand in raising the child and with whom, the child will be residing (ex. If the children reside with their grandparents who are involved in disciplining raising and caring for the child(ren.) Should one of the parties choose to request that we provide court testimony, additional charges of \$165 per hour for preparation and testimony will be charged.

The portion of the fees not covered by insurance (co-payments or deductibles) is **due at the time services are provided**. In the case of minors, the person bringing the child to the appointment is responsible for paying the co-pay at that time. **We cannot split the copay among different parties**. If we are unfamiliar with your insurance and you have not contacted them in advance, you may be responsible for a larger portion of the fee. *Physical health benefits and co-pays sometimes differ from mental health benefits, so, unless you have contacted them in advance, \$20 co-pay will be collected at the time of the visit.* You will be billed for any remaining balance and will have any overpayment applied to future sessions. **If the account goes 60 days past due, additional fees may be assessed.**

For clients with secondary forms of insurance, we will provide you with a bill showing your session, charges, and your payments so that you can be reimbursed. However, **we do not bill the secondary insurances**. You will be responsible to pay that portion at the time of service and be reimbursed by the secondary insurer. We are sorry for any inconvenience that this might cause.

Because this is a small practice and appointment times are at a premium we require 24 hrs-advanced notices for canceled or rescheduled appointments. You can provide this notice by calling (937) 383-3565, pressing option #3, and leaving a message. The system has a time date stamp so you do not need to leave that in your message. If you do not provide advance notice, the appointment will be recorded as a ~~no~~ show+ and an \$80 fee will be assessed. All other scheduled appointments are automatically removed and cannot be rescheduled until the no show fee is paid. Insurance will not cover this fee so the client or responsible party must pay it. These fees can only be waived by management in the case of severe illness or emergency and must be accompanied by supporting documentation.

My signature below indicated that I have read the financial policies listed above and am in agreement with them.

Signature of client or responsible party

Date