

Financial Agreement
Capital Psychological Services, LLC

Fees:

Intake fee (55-60 min): \$265

Psychotherapy (45-50 min): \$200

Preparation (50 min): \$200*

Phone Consultation (50 min): \$200* Report

School Observation (50 min): \$200*

*Prorated; Please note that all school consultations and off-site meetings include time spent at location + travel time to and from (based on Chevy Chase office address)

Case Management Fees:

Phone contact more than 10 minutes is billed at a prorated fee of \$200 an hour. Phone contact influences communication with client, schools, other providers, etc. Additionally, staff will spend up to 30 minutes communication with your insurance company at no charge. The time includes phone time, paperwork, etc. Any extra time is billed at \$200/hour.

Payment:

I understand that payment in full is due at each visit. If there is an outstanding balance, it is possible that sessions may be delayed until payment is made. Payment may be made by check, cash or credit card. I understand and agree that I am charged directly and am personally responsible for payment of all services rendered to me (or the minor for whom I am responsible). I understand that the fee for returned checks is \$20. I agree that if I default on a payment, I will pay collections costs, attorney fees, and all court costs resulting.

Cancellations:

I understand that I will be charged the full fee for any appointment missed or cancelled without giving 48 hours notice. I understand that my insurance company will not reimburse costs incurred from an appointment missed or cancelled without sufficient notice.

Insurance:

I understand that Capital Psychological Services does not participate with any health insurance plans. I understand that I am responsible for submitting claims for reimbursement with my insurance carrier. I understand that some procedures such as, but limited to, missed or late appointments, preparation of reports, and telephone consultations may not be reimbursable by an insurance company and are solely my responsibility.

Responsibility:

I have read and agree to the above information. My signature below indicates that I both understand and agree to these policies.

Signature of Responsible Party

Date