

**SPAULDING PSYCHOLOGICAL SERVICES, PLLC (SPS)
PAYMENT AGREEMENT**

We accept most insurances and we will gladly bill your insurance company for any services provided to you or your dependent that are allowed by your insurance company. If you wish to have us bill your insurance company for the services provided, you are responsible for providing all primary and secondary insurance information to SPS. If you do not provide accurate insurance information and/or notify SPS of any changes in your coverage prior to being seen, you will be responsible for all subsequent charges. You are responsible for paying your co-pay amount at the time the service is rendered. If, after being billed for the services you receive, your insurance company refuses to pay the amount *allowed by them* (because, for example, you have not yet met your insurance deductible or for any other reason) you agree that you are responsible for payment of any difference to make up that allowed amount and that you will pay these outstanding fees within 30 days of receipt of a bill from SPS.

Psychological evaluations that are not medically necessary are generally not covered by insurance companies and payment for these evaluations is due in full before the written report of the evaluation will be released.

If you think you may have trouble paying your bills on time, please discuss this with me and it is likely that we can develop a manageable payment plan. Fees that continue unpaid will be turned over to small-claims court or a collection service. These actions will require me to disclose otherwise confidential information. In most collections situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided and the amount due. [If such legal action is necessary, its costs will be included in the claim.]

Our fees for services are as follows:

Intake/Diagnostic Assessment: \$200

Psychological Evaluations/Testing: \$ 160 per hour (this fee is also charged for hours spent interpreting testing instruments and preparing reports)

Individual Therapy, approximately 16-37 minutes: \$80

Individual Therapy, 38-52 minutes: \$ 125

Individual Therapy, 53-60 minutes: \$160

Family Therapy with Client: \$ 160

Family Therapy without client: \$ 160

Court related Services, per hour: \$ 250

Services such as treatment summaries, and letters that are requested by the client, per hour: \$ 160

Your signature below indicates that you have read carefully the above information, have been given an opportunity to ask questions and agree to abide by terms of this agreement.

Printed Name

Signature

Date