



### FEE SCHEDULE 2020

#### THERAPY FEES:\*\*

(90791) Initial Intake Assessment - 50-55 minutes	\$180.00
(90834) Individual Therapy - 38-52 minutes	\$180.00
(90837) Extended Individual Therapy - 53-60 minutes	\$180.00
(90847) Family/Couples/Marital psychotherapy* - 38-52 minutes	\$180.00
(90832) Brief Individual Therapy - <38 minutes	\$100.00
(96101) Psychological testing*, per hour	\$200.00

\*\*If my fees are prohibitive to obtaining therapy, we can discuss fee/payment flexibility or I can assist with referrals to providers in-network with your insurance or who offer lower fees.

\* Many insurance companies will not cover couples/marital psychotherapy.

\* Insurance companies vary in their coverage of psychological testing. Please check with your insurance company.

#### CHARGES NOT COVERED BY INSURANCE:

Phone Consultation (11-60 minutes)	\$180.00 (pro-rated per 15 minutes)
Case Management*	\$180.00 (pro-rated per 15 minutes)
Records Request	\$50.00
Late Cancellation (less than 24 hrs prior to appointment)	\$50.00
Missed Appointment	\$100.00

\*Case Management includes indirect services I provide outside our session times such as writing letters, consultations made at your request (for which a written authorization for disclosure of confidential information is required), coordinating adjunct services, and completing forms or reports.

#### CANCELLATIONS AND MISSED APPOINTMENTS

•When you schedule an appointment that time is reserved exclusively for you. Should you need to cancel or reschedule your appointment, please contact our office as soon as possible. Please give as much notice as possible so that we may make every effort to fill your reserved appointment time with another client who may be seeking an earlier/alternate, or emergency appointment time. If we are able to fill your appointment time, then you will not be charged the fee.

•**To avoid a late cancellation fee of \$50.00, please contact the office *at least 24 hours* prior to your scheduled appointment. If you do not call in advance, you will be charged a missed appointment fee of \$100.00.**

•You may contact our office 24 hours a day, 7 days a week at the number listed above. Should it be after regular reception coverage hours (M-F 8am-3pm), or a weekend, you may leave a message.

•Insurance will not pay for a missed appointment. Therefore, you will be responsible for the entire fee.

•If you miss an appointment, and we do not hear from you, we will cancel any future appointments.

**\*\*\*TURN PAGE OVER FOR ADDITIONAL INFORMATION\*\*\***

**CREDIT CARD CONSENT**

\_\_\_\_\_(Initial) I understand that by signing this agreement, I authorize Holly Savoy, Ph.D. to charge the \$50.00 late cancellation or \$100.00 missed appointment fee to my credit card on file at the time of missed appointment or late cancellation.

\_\_\_\_\_(Initial) If the card on file is denied or not valid, I agree to pay the \$50.00 or \$100.00 fee at my next appointment.

\_\_\_\_\_(Initial) I understand that if the courtesy automated appointment reminder service fails to send me a message, I am still responsible for the appointment I made and the associated fees for missing it.

**I have read the above policies and understand the fee structure and policy. By my signature below, I agree to be bound by the terms of this policy, including fees for late cancellations and missed appointments.**

_____	_____	_____
Client Signature	Printed name	Date
_____	_____	_____
Parent/Guardian Signature	Printed name	Date