

Depression & Anxiety Treatment Center

A subsidiary of Psychological Assessment & Treatment Specialists, Inc.

SELF PAY FEE & BILLING AGREEMENT ©1/2015

Individual/Conjoint Psychotherapy

The per session self-pay rate for therapy at the Depression & Anxiety Treatment Center (DATC) is \$195 for Steven M. Gentry, PhD (if seen right away \$225, first 4 wks), \$150 for PhD therapists, \$130 for Masters level therapists, and \$100 for all other staff therapists. I understand that I must make payment at the time of each appointment. Sessions charged the self-pay rate are not eligible to be billed by our office or by the client to an insurance company for reimbursement.

The client, _____, or undersigned responsible party, is fully responsible for payment of services. I understand that DATC charges a billing fee of \$15 per session for any payment that isn't made at the time of service, and I agree to pay that fee in addition to my session fee.

Consistent and punctual attendance contributes to the most beneficial treatment and adds significantly to the client/therapist working relationship. I understand that when I schedule an appointment, that time becomes unavailable to other clients. Therefore, **I agree to pay \$50 for any session a) missed or b) canceled with less than 24 hours notice.**

Please note that no food or drink should be brought into the office. I understand that a \$100 cleaning fee will be charged to my or my child's account for any mess created as a result of me or my child violating this policy.

FINANCIAL AGREEMENT

In consideration of professional services and treatment offered by DATC, I further agree that:

- Suspension of services:** I understand that services may be temporarily suspended in the event that the amount owing on the client's account exceeds \$200. I also understand that I won't be able to schedule appointments if I owe money for two or more missed or cancelled appointments;
- Fees for other services:** court appearances and depositions are billed at \$250 per hour, portal to portal, and a \$2,000.00 retainer must be paid before my therapist will participate. Reports, correspondence, review of records, completion of medical claim forms (e.g., disability, social security, etc.), and phone calls and emails are billed at the \$100-\$195 hourly rate;
- Delinquent charges and procedures:** returned checks incur a \$25.00 service charge. Accounts with an outstanding balance more than 30 days overdue incur an 18% APR service charge. DATC may release personal identifying information (e.g., name, address, phone number, etc.) and pertinent account data to collection agencies, courts, and/or credit agencies in the event my account becomes more than 60 days overdue. I agree to pay all court costs, attorney fees, and collection fees which might arise in the process of collecting on my account, up to 100% of my outstanding balance; and
- Indemnification:** I agree to hold DATC, its agents, and its parent company (PATS, Inc.) harmless from all legal liability in their efforts to collect on my account.

By signing below, I acknowledge my understanding of, and agree to be bound by, the policies outlined in this Fee & Billing Agreement.

Responsible party/parties

DATC witness

Date