

**DAILY BEHAVIORAL HEALTH
CONTRACTUAL FEE AGREEMENT**

1. *Fees:* Our standard fee is currently \$200 for an initial evaluation and \$50 for each 15 minutes of service (e.g., \$200 for a 60 minute session, \$150 for a 45 minute session). Psychological testing, speech/language services, classes, workshops, and groups may involve additional or separate charges. Payment is due at the time of session, although other billing arrangements may be made on a case-by-case basis. Phone sessions are billed on a per-minute basis, starting for phone calls over 10 minutes in length. A sliding scale is available for psychological services, based on your personal circumstances. In cases of shared custody, or any situation where billing is split between more than one person, the individual who brings the patient in, is responsible for payment of co-pays, coinsurance and nonparticipating insurance balances at the time of service. We will not bill more than one household for the patient's service.
2. *Treatment Concerns:* All of our therapists at Daily Behavioral Health have a Masters Degree or a Doctoral Degree in psychology or a related field. All psychological services are conducted or supervised by a licensed psychologist. While psychological treatment may vastly improve the quality of your life, it is also an expensive process. The duration of therapy is affected by the nature of your concerns and what your goals are. It is very important that you feel that you are benefiting from treatment. If at any time you feel that you are not getting what you want or need out of therapy, I urge you to discuss this with your therapist so that we can find a solution for your concerns. You also have the right to request a consultation with the supervisor if you have questions.
3. *Appointment Cancellations:* Fees are based on the time we commit to work with you in sessions. To keep client fees low, any scheduled session not cancelled 24 hours in advance will be charged the established fee of \$75.
4. *Fee Agreement:* I agree that, in signing this Agreement, I have read and fully understand the terms contained herein. I am responsible for copays and any fees that are not covered by my insurance. My insurance is billed \$200.00 for each initial evaluation appointment (may take two appointments), \$250.00 for each 75 minute follow-up session, \$200 for each 60 minute testing or therapy session, \$150.00 for each 45 minute session, \$100 for each 20-30 minute follow-up session, and \$50.00 for each 15 minutes of service.

Sliding Scale Only (please discuss with therapist)- I am responsible for a fee of \$_____ for an initial evaluation and \$_____ for each 60 minute follow-up session.) Sliding scale is not billable to insurance.

Fees are due at the time of the schedule session, unless other arrangements are made in advance. This fee may be renegotiated in a new Fee Agreement from time to time as the financial situation of this business may change. In the unlikely event that check funds are dishonored, I give authorization for the funds to be collected electronically for the face value of the check, plus a \$25 (or legal limit) processing fee. I understand that Daily Behavioral Health requests that a credit card authorization form be kept on file in the event that I have an outstanding balance past 120 days and have not made any arrangements for payment. If my account becomes delinquent due to non-payment I agree that I am responsible for the cost of the services performed, any missed visits, interest of 1.5% per month, collection agency fees, court costs, and any other costs associated with the collection of my debt. I understand that my insurance company may pay all, some, or none of the amount due to Daily Behavioral Health, Inc. and I assume responsibility for any unpaid balances.

Patient Name

Patient Signature (Parent/Guardian is under 18)

Date

