



PROMPT PAYMENT FEE SCHEDULE AGREEMENT

The following fee schedule is offered to clients who choose to pay cash for therapy services at or prior to the time of service. Prompt cash payment significantly reduces internal administrative costs associated with the billing and collections process. This offer excludes deductibles, non-covered services, etc. that require standard insurance company billing and determination. This fee schedule is available for therapy only and DOES NOT apply to court ordered custody evaluations, divorce mediation, and psychological testing.

<u>Service</u>	<u>Standard Fee</u>	<u>Prompt Payment Fee</u>
Initial Therapy Visit (90801)	\$175.00	\$125.00
Individual Therapy / 45-50 minutes (90806)	\$130.00	\$100.00
Individual Therapy / 20-30 minutes (90804)	\$ 85.00	\$ 65.00
Family Therapy w/out Patient – 50 minutes (90846)	\$130.00	\$100.00
Family Therapy w/Patient – 50 minutes (90847)	\$135.00	\$105.00
Play Therapy – 50 minutes (90812)	\$125.00	\$ 95.00
Group Therapy (3 or more participants)	\$ 65.00	\$ 45.00

NO SHOW / LATE CANCELLATION FEE (Not billed to Insurance) \$55

I understand that the Prompt Payment Fee is offered to me in writing prior to service. I further understand that to obtain the Prompt Payment Fee, I must pay at the time of service or prior to the time of the visit.

Patient Name (print)

Date

Patient/Parent/Guardian/Financial Responsible Party Signature

Staff Initials

Date