

LESLIE S. TERNER, PSYCHOTHERAPY, LLC

FEES AND POLICIES AND PROCEDURES

Please Initial

-----PAYMENT OF FEES: Payment for each session is required at the time of the appointment. Your initial appointment is one hour and the fee is \$180.00. Thereafter, sessions are 45 minutes in length and the fee is \$150.00. Copays and coinsurance are due at the time of service. Should it ever be necessary to change your fee, you will be informed in advance and have the opportunity to discuss the matter.

_____ CANCELLATIONS: Notification of at least **24 hours** must be received to cancel an appointment. Cancellation must be made to **voice mail** at : 301-718-1758.

For **same day cancellations**, you will be charged a 50% fee or \$75.00.

For, **no call, no show cancellations**, you will be charged the full fee of \$150.00.

_____ INSURANCE: It is **your responsibility** to check with your insurance plan regarding pre-certification, number of sessions available, deductibles, copays and other terms **so, you will still be responsible for any payment due**. If your deductible has not been met, you will be required to pay the full fee at time of service, and your insurance will be billed and any payment credited as appropriate.

_____ Insurance claims will be filed on your behalf by my billing service, AWSolutions. They maintain strict confidentiality and only contact your insurance carrier regarding payment of fees and no other matter regarding your care. AWSolutions will follow-up regarding non-payment of fees. In the event it is necessary to take legal action to collect fees, you will be responsible for all reasonable attorney's fees and costs incurred in connection with the process.

_____ There is no charge for phone consultations of less than ten minutes. Calls going over the ten minute length will be prorated at the cost of a full session which is **not** billable to insurance. Phone calls are returned within 24 hours unless otherwise noted.

Agreement acknowledgement to fees and policies and procedures _____

Date _____ . OR, Signature of Responsible Party (if different) _____

