

FEE CONTRACT

Rates

*\$185 for an intake appointment (75 minutes)

*\$160 per 50-minute session

*\$160 per hour for psychological testing, scoring, report writing and feedback.

Time spent on your behalf: Anytime exceeding 15 minutes outside of a regularly scheduled session is subject to an additional charge at \$160/hour. This time might include but is not limited to consultations with other treatment providers, phone calls, reading or writing documents...

Insurance

I am currently a provider for Lyra Health. I am an out of network provider for all PPO's. Services may be covered by your health insurance or employee benefit plan but there is no guarantee of payment. Please note that my services are provided and charged to you, not your insurance company, so you are responsible for payment. Please check your coverage carefully by asking the following questions:

*Do I have mental health insurance benefits? *How many sessions per year does my health insurance cover? *What is my deductible and has it been met? *What is the coverage amount per therapy session?

Reduced Fee

Reduced fee services are available on a limited basis.

Payment

Cash, check, Visa or MasterCard are accepted methods of payment. *Payment is due at time of service.* Please note there is a \$25 fee for returned checks.

For psychological testing, Dr. Polonia will provide me with an estimate of the hours/fee prior to starting testing. I will be expected to pay a 50% deposit of the full amount prior to the testing. The balance will be due the day of the report/feedback session.

Cancellation Policy

If you do not show up for your scheduled therapy appointment, and you have not notified us at least 24 hours in advance, you will be required to pay the full cost of the session.

Contact

If you have any specific billing questions, please contact your insurance plan customer service via your insurance website or telephone number. For general questions, please contact my office at 858-243-2684.

I have read and understand this financial agreement and agree to its terms.

Signature _____

Date _____