

POLICIES, SERVICES, & FEES

<u>SERVICES</u>	<u>FEES</u>	<u>SERVICES</u>	<u>FEES</u>
Initial Evaluation Session	\$125.00	Individual Counseling Session	\$110.00
Couples / Family Session	\$110.00	Written Letter / Report	Negotiated
Court Appearances	\$300.00 per hour	No Show / No Call	\$65.00
Repetitive Rescheduling	*See Below	Requests for Records	*See Below

Telephonic Crisis Intervention / Consultation = \$30.00 for every 15 minutes

POLICY DESCRIPTIONS

Initial Evaluation Session: The Initial Evaluation Session is the first session, and usually last one hour.

Individual Counseling Session: The clinical sessions following the first session is considered to be individual counseling session for a one hour period.

Couples / Family Session: This session type allows for the Initial Evaluation Session, and is seen as being the same as an individual session for a one hour session.

Written Letters / Reports: In the event a client requests a letter or report form this clinician to another party, the service cost will be negotiated between the client and this clinician in the form of a written agreement called "The Clinician-Client Agreement for Written Requests".

Court Appearances: The fee for this clinician to leave his practice and go to court is - \$300.00 an hour. This is non-negotiable.

No Show / No Call: A client's failure to give this clinician 24 hours notification of canceling their scheduled appointment is considered to be a No Show / No Call. The No Show / No Call fee will be \$65.00. Should the clinician cancel or reschedule the client's appointment, the client will not be charged.

Repetitive Rescheduling: This is defined by the client rescheduling their appointment with this clinician more than two consecutive times. The charge will vary, depending on what the client is reporting.

Request for Records: A client wishing to obtain a copy of the records kept by this clinician will be charged \$0.50 per page for the first twenty pages (\$10.00), and then \$0.25 per page thereafter.

POLICIES, SERVICES, & FEES (cont.)

POLICY DESCRIPTIONS (cont.)

Telephonic Crisis Intervention or Consultation: Any phone call with a client that exceeds 15 minutes will be interpreted as an emergency or consultation, and as such is subject to a charge of \$30.00 for every 15 minutes. This service is not covered by Health Insurance and the caller will be billed.

EXPECTATIONS AND RESPONSIBILITIES UPON THE CLIENT

- The client will take responsibility for their appointments with this clinician and comply with all policies and fees governing clinical appointments.
- The client is expected to take responsibility for being aware of their Health Insurance Coverage, including deductibles and co-pays.
- Co-pays are expected to be paid at the beginning of each clinical session. No client will be allowed to receive services until the client's fee is paid in full. If the client cannot pay their co-pay at this time; then the client will be rescheduled for an appointment at a different time.
 - Exact cash or a personal check is preferred. If the client requests a receipt, then one will be provided.
 - If the client wishes to use their Credit Card, an additional processing fee in the amount of \$20.00 will be added to the client's bill.
- Should the client ever receive an invoice for the clinical services from this clinician, the client will have 30 days to pay that invoice. This clinician will only accept the client's original fee during this 30 day period.
 - In the event that the client fails to pay their bill to this clinician, then this clinician reserves the right to impose further penalty costs.
 - Should the client not provide payment or refuse payment this clinician reserves the right to take the delinquent claim to small claims court. Should this eventuality come about an additional fee of \$300.00/hour will be added to the client's bill.

The client's signature below indicates that the client understands and will abide by Mr. Bolton's policies and fees documentation. The client's signature below indicates that this is a binding contract between the signing client and this clinician. The client's signature below also indicates that the client is entering into these terms willingly, and will release this document to Mr. Bolton if small claims court is involved.

Client's Signature

Date

Clinician's Signature

Date