Ellen M. Greenfield, Ph.D.
Licensed Psychologist – PSY 15279
9663 Tierra Grande, Suite 104
San Diego, CA 92126
(619) 840-5045

FEE SCHEDULE AND POLICIES

All services provided carry established fees. The following services are proposed to be provided to you at the corresponding fee. Should additional services be provided, or should fees be changed and fair notice given, this form may be amended with accompanying initials.

CLIENT'S NAME ____

SERVICE ____ Psychotherapy (___minute sessions)
____ Psychological Evaluation
____ Other ____________________________________

FEES Fee for Service ____________
Primary Insurance ___________________ will pay ____________
Secondary Insurance _________________ will pay ____________
Other ____________________________ ____________
Client Responsibility ____________

PAYMENT It is the policy of this office to request payment at the time services are provided unless other arrangements are made in advance. I am available to assist in the billing of your insurance carrier and will accept assignment of benefits on your behalf. However, your insurance policy is a contract between you and your carrier and possibly, your employer. The fee for services provided to you, the client, is part of a contract between you and this office. Therefore, you will be responsible for the fees, including those not paid for any reason by your insurance carrier.

Initial _______

CANCELLATIONS Cancellations must be made at least **24 hours** before your scheduled appointment. Late cancellations or missed appointments will be your financial responsibility as the insurance company will not pay for unrendered services.

Initial _______

DELINQUENCIES This office reserves the right to institute a monthly interest charge for fees left unpaid for an extended period. In the event you do have financial difficulties which temporarily prevent you from meeting your obligation under this contract, please bring it to my attention so that we may make appropriate arrangements. If you do not comply with a mutually agreed upon schedule of payment, your account may be turned over to a collection agency.

Initial _______

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

SIGNED _______________________________________ DATE _________________