



216 N Michigan Avenue, League City, Texas 77573  
 Phone: 281-332-5100 Fax: 281-332-5155  
 www.psychology-resources.com

**FINANCIAL RESPONSIBILITY**

You are ultimately responsible for your Psychology Resources bill. If you have insurance coverage, we will help you with your insurance company by providing services such as calling to verify benefits and obtaining an estimate of coverage, filing claims, and providing whatever reasonable information your insurance company requests of us. Please be advised that working with your insurance company is a courtesy provided by Psychology Resources, and we cannot guarantee that your insurance company will pay. **If your insurance does not pay us for any reason, you will be responsible for your remaining balance.**

**FINANCIAL RESPONSIBILITY FOR TREATMENT OF A MINOR**

When we treat children, payment is due at the time of service regardless of who brings the child to their appointment or which parent is ultimately responsible for the payment of fees. We understand that many divorce decrees set up an agreement between parents pertaining to financial responsibility for the treatment of their children. However, Psychology Resources cannot be responsible for enforcement of those agreements, and the obligation to pay for services at the time of service does not change based on these agreements. We also know that parents rely on other family members or friends to transport their children to appointments in our office. **If someone other than the parent ultimately responsible for the payment of our fees brings a child to an appointment in our office, please send that person with a method for payment or arrange with our office to pay for treatment in advance.** If you fail to do so, we may not be able to treat your child at the appointment time.

**CANCELLATION POLICY**

Your appointment time has been reserved specifically for you. Once your appointment is scheduled, you will be financially responsible for it unless you provide 24 business hours notice of cancellation. It is important to note that insurance companies do not provide reimbursement for sessions you do not show up for, so your doctor is not paid when you do not come to your session. However, because we know that emergencies do come up occasionally at the last minute (sudden illness, car troubles, etc.), we will waive two late cancellations or no-shows per twelve-month period. **Thereafter the next two late cancellations or no-shows will be billed \$50, and then \$100 for every additional session you cancel without 24 business hours notice and every session you do not show up for, regardless of the reason.** Note: Sessions scheduled for greater than 60 minutes may have a larger cancellation fee. You will be informed by your doctor in advance if this is the case.

**PROFESSIONAL FEES**

Intake Session	Initial session or first session after 6 months break in treatment	\$200
90837	53+ minute psychotherapy services	\$200
90834	38 to 52 minute psychotherapy services	\$180
90832	16 to 37 minute psychotherapy services	\$100
Assessment Services	Varies extensively depending on the referral question due to the type, duration, and complexity of the tests	\$200/hour
Letter Fee	Letters written on your behalf are charged based on complexity and will be discussed with you prior to completion	\$25+
Court-Related Services	All court-related services (preparation, consultation with attorneys, travel, court appearances, etc.)	\$250/hour
Return Checks	Billed at \$35 per returned check or the actual amount charged by the bank if greater	\$35+

Printed Name of Patient: \_\_\_\_\_

Printed Name of Responsible Party if different than Patient: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_