**Payment Policies**

Listed below are the normal procedures for which I will be charging. ***Given my attempts to make psychiatric services available and affordable to my patients, my charges do not allow for any discount****.* I will be requiring that you make your payment at the time of your office visit. If you do not have this payment, I will allow you to make a payment of 50% of the scheduled service on the day of service, with balance of the payment due prior to or at the next appointment. In keeping with this, your visit will be rescheduled if you have not made the previous co-payment as due. Refills of medications and other documentation or services may only be completed when there is no outstanding balance on your account.

In regards to cancellation of appointments, *it is mandatory that you give me 24 hours notice.* If prior notice is not given, I will be charging a cancellation fee. This is so that those who need appointments will have access to the timeliest, quality care.

Only credit/debit cards or cash will be accepted as payment. Our center does not accept private insurance payments at this time. You will be provided with an insurance Super-bill receipt with which you can forward to your insurance company for reimbursement of psychiatric services from your insurance company.

My normal procedures and fees are:

Psychiatric Evaluation $205.00

Psychaitric Medication Management $ 80.00

Missed Appointment $ 80.00

Documents/Forms/Letters $ 25.00

Genomind Genecept Assay $750.00

By signing this document, you agree that you have read and understand my fee policy and will abide the statements contained within.

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_