



Payment Policies & Fee Schedule

Payment Options:

- **Private Pay (no insurance billing)**
- **Insurance**

- Please be advised that insurance billing requires the disclosure of Protected Health Information including diagnosis, treatment dates, treatment plans and progress notes. (See HIPPA Compliant - Notice of Privacy Practices.)
- If PCBH is an In-network provider with your insurance company, you are responsible for your co-pay and any deductible amount according to your policy.
- If you are using Out of Network coverage, you are responsible to pay the full fee and will be supplied a statement each month to submit to your insurance company for reimbursement.
- All payments (private pay, co-payments and deductibles) must be made at the time of service unless other arrangements are agreed upon prior to the time of services.

Payment Policies:

All payments are to be made, at the time of service, by check, payable to PCBH, cash, or credit card. Should your insurance company deny benefits or fail to pay for any reason, you are responsible to pay the balance due. Please note: A pre-certification is NOT a guarantee of benefit payment.

Cancellation Policies:

To avoid a cancellation fee, cancellations must be made at least 24 hours prior to your scheduled appointment time. Cancellations made less than 24 hours and No Shows are subject to a \$25 fee.

Fee Schedule for Private Pay:

Outpatient Therapy (50 min hour)	Comprehensive Diagnostic Assessment
Licensed Psy.D./Ph.D. \$150/ hour	Licensed Psy.D./Ph.D. \$150/ hour
Unlicensed Psy.D./Ph.D. \$100/ hour	Unlicensed Psy.D./Ph.D. \$100/ hour
LMFT \$100/ hour	Psych Intern \$50/ hour
MFT Intern \$50/ hour	

Records Request .25 (per page)	
Court Testimony \$375 (per hour) plus travel	

Other Services:

Phone calls and other services will be billed at the Private Pay rate in 15-minute increments.

I acknowledge that I have read and understand this notice.

Name (print)

Signature

Date