



## Fee Schedule and Billing

Treatment is fee-for-service at this time. In order to provide the best care possible and to be able to devote my time and energy to treatment rather than billing, I do not participate in any insurance networks. Instead of treatments being limited by the insurance companies, we can choose and apply the best treatment as mutually decided for however long or frequent as you like. This allows me to spend the time necessary to meet your needs as opposed to focusing on increased patient volume and billing. Also this allows for increased patient confidentiality since the insurance companies will only have access to what you provide them.

Many insurance companies have out-of-network benefits and I will happily provide a statement with appropriate coding to allow you to submit for reimbursement. The best way to find out what services and limits of coverage would be to contact your insurance company or employee benefit plan. Please be aware that insurances may not reimburse until the deductible is fully met but that requests should still be submitted in a timely manner.

I accept cash, check, credit card. Fees are fairly standard and based on the duration of the appointment.

\$400 – 1 hour new patient visit or 1 hour medication/therapy follow up appointment. Usually involves 53+ minutes of discussion/treatment followed by 5 minutes of administrative needs such as setting next appointment and payment processing.

\$200 – 30 minute medication or therapy follow up appointment. Usually involves 25+ minutes of discussion/treatment followed by 5 minutes of administrative needs such as setting next appointment and payment processing.

Other appointment types and durations are also available including phone or video chat appointments. Phone calls less than 5 minutes will not be charged however if it is determined that a quick phone call will be insufficient, an appointment will be offered or the extended call will be charged based on the duration.

Regular appointments are necessary for optimal care and safety. Frequency of visits will depend on severity of symptoms and risk factors and will be discussed in session. For therapy, once a week or every other week is recommended. For severe symptoms or increased risk of suicide once a week visits may be recommended. For moderate severity with ongoing medication adjustment, once a month visits may be considered. For low severity or when symptoms are stable and controlled, visits can be spread to once every 3 months. Follow up appointments more than 3 months out are not recommended. If it has been more than 6 months since the client was last seen, they may be discharged from the clinic as this would be below the standard of care for appointment frequency and it would be difficult to assess risk, control symptoms, or perform



needed/recommended monitoring. Phone and email are for convenience of scheduling and for urgent concerns and are not meant to replace regular visits.

Refills will be provided for most medications at time of visit up to a maximum of three months depending on the indicated period for follow up and on whether the medication is being titrated or in maintenance phase. Controlled medications such as stimulants for ADD/ADHD or benzodiazepines for anxiety/insomnia may be provided on a month by month basis.

Missed appointments will be charged at 50% of the standard fee. Clients are ultimately responsible for remembering their appointment but a phone or email reminder will be sent out. Appointments can be cancelled without penalty up to 48 hours before their appointment. Due to past abuse, a valid credit card is required to be on file.

By signing below I agree to the above terms:

\_\_\_\_\_

Patient Signature (or legal representative if a minor)

\_\_\_\_\_

Patient's Name (please print)



**CLARITY**  
MENTAL HEALTH

## Credit Card Authorization

I am granting permission for Clarity Mental Health to bill my credit card for visits. I am also aware that my credit card will be charged for sessions in the event of non-attendance of an appointment not cancelled within 48 business hours of the appointment, or in the event of non-payment of a past due balance, or bill arising from professional services or obligation arising from care of the below mentioned patient.

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

Card Type:  American Express     Discover     MasterCard     Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Number (3 or 4 digits): \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
\_\_\_\_\_