

***Benna Z. Sherman, Ph.D., LLC
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Practice Policies and Fee Agreement for Professional Services

Office hours are 9 a.m. to 4 p.m., Monday through Friday. Voice mail and text are available 24 hours a day. Phone calls, texts, and email are generally for administrative matters, such as scheduling appointments. Therapeutic matters are to be reserved for therapy sessions. There is no charge for brief (≤ 10 minutes), administrative phone calls. Confidentiality cannot be guaranteed on email or texts and should not be assumed.

Fees-- initial sessions for individual therapy are \$200 for 50-60 minutes; subsequent sessions for individual therapy are \$175 per 45-50 minutes. Initial sessions for couples/family therapy are \$250; subsequent sessions for couples/family therapy are \$210 per 45-50 minutes. Longer sessions can be arranged, for which the fees are pro-rated. Full fees are to be paid at time of service. For your convenience, you may pay by cash, check, or credit card. Current patients will always be given substantial notice of any intended fee increase. Fee increases are anticipated every one to two years.

Full charge is made for any sessions missed or canceled with less than 24 hours (business day) notice.

This means, for example, that a 2:30 Tuesday appointment must be cancelled by 2:30 on Monday. Monday appointments must be cancelled by Friday, since weekends are not business hours. Similarly, appointments following holidays must be cancelled by the preceding business day. The exception to this is if you are sick. Please do not come if you're sick. Please do give me as much notice as possible; you will not be charged.

In the event of inclement weather, my office will follow Anne Arundel County Government. There will also be an outgoing message on my voicemail by approximately 7 a.m. to tell you if my office is closed. If you have any question, please call to confirm the status of your appointment. Regardless of whether the office is open, there is no charge if you cannot make it to your appointment because of the weather.

I maintain no relationships with insurance companies and do not either bill them or accept payment from them. If you request it, at the end of each month an itemized invoice ("Superbill") will be provided to you that you can submit to your insurance company for consideration for reimbursement. If treatment plans are required and you wish to submit one, we will complete it together during your session time and you can submit it. It is your responsibility to keep track of when an authorization expires and when a summary is due.

The person accepting financial responsibility for professional services will be responsible for any costs involved in the event that a court, your attorney, or other legal entity with whose orders I must comply requires my services or my records. The financially responsible party will be expected to pay for all of my professional time, including preparation and transportation, even if my participation is compelled by another party. I charge \$350 per hour for preparation and/or attendance at any legal proceeding. Payment will be required in advance. Please consult the separate agreement pertaining to these services and charges.

If letters or reports are requested or required for any reason, the financially responsible party will be billed for the time involved, at the usual hourly rate, with a minimum half-hour charge.

If payment is not made as agreed on an outstanding balance, your overdue balance will be applied in full to a credit card (below). Alternately, the account may be turned over for collection or to Small Claims Court, and the person accepting financial responsibility for professional services will be responsible for any expenses incurred to collect overdue balances.

Regardless of how you intend to pay for sessions, please provide a current credit card number. It will only be used at your request or if you default on payment of your account.

Name on card

Card #

Expires

3 or 4 digit security code

I have read and I understand the conditions of this agreement and agree to abide by these conditions.

signature

date

signature

date