

112 N. College Street Statesboro, GA 30458 Phone/Fax: 912.764.3595 ellenemerson@nctv.com www.ellenemersonphd.com

Fees and Payment Policy

- My fee is \$175.00 for the initial diagnostic interview, and \$150.00 per subsequent 50-minute session, unless we have made other arrangements.
- Psychological assessment, consultations and reports are billed at \$175.00 per hour, including time required for psychological test interpretation and report preparation.
- Payment is due by cash, check, debit or credit card at the time of service unless other arrangements have been made.
- Extended phone calls (over 10 minutes) will be billed at my hourly rate.

Other fee/payment arrangements _

- Fees may be adjusted periodically. You will be notified in advance of fee adjustments.
- You, and not your insurance company, are ultimately responsible for payment of my fee.
- Non-payment of fees may result in elimination of professional services and collection activity for amounts owed.

•	I have a	reciproca	al 24 h	our (cancel	lation pol	icy,	which	means	I will	charge	you	\$75	for a	session	if you	do no	t give	

24 hours notice of cancellation. Insurance companies do not pay for missed appointments. If I cancel a session with you with less than 24 hours notice, I will give you a free session. It is my policy to give us each one "free miss" per calendar year.

calendar year.			
I, the undersigned, authorize the use	of the following debit or cre	dit card for n	nissed appointment fees:
Card Number	Expiration Date	CVV	Billing Zip Code
I have read this policy and agree to i	ts terms:		
Client	Guarantor		Date