

Central Virginia Psychology
P.O. Box 51, Kents Store, Virginia, 23084
(434) 591-0161

CONTRACT FOR SERVICES

Fees and/or Insurance Copays: Fees are described in the fee schedule below. Payment is due at time of service unless prior fee arrangements have been made or there is an extraordinary circumstance.

Insurance: If I plan to use insurance to pay for my services, I understand that it is my responsibility to provide up to date and accurate information about my insurance coverage and I agree to pay any fees my insurance company does not cover. I also give Central Virginia Psychology permission to release my records to my insurance company if the company requires it. This could include my diagnosis, treatment plan, session notes, or the entire record.

Delinquent Accounts: I understand that I will be charged \$25 for any returned check. Balances will be considered delinquent 30 days after written notice is sent to the address provided us (unless otherwise arranged in advance). I am aware that delinquent accounts may be submitted to a collection agency and/or legal action could be taken. I understand that I am responsible for all fees associated with these actions.

Appointments: I understand I need to give one business day notice if I am unable to keep a scheduled appointment and that I will be charged a fee for failure to give adequate notice.

Emergencies: In case of an emergency, I can call my psychologist during work hours, call 911, or go to the emergency room.

Consultation: I understand that my psychologist may seek advice on my case but will never release any identifying health information without my permission. Groups are frequently discussed by staff to assure quality services.

By signing this form, I agree that I understand the above guidelines and that I have been given an opportunity to ask questions.

Client Signature: _____ Date: _____

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Fee Schedule

Psychological Assessment

| | | | |
|--------|-------|----------------------|-------|
| Basic* | \$300 | Court Ordered Basic* | \$400 |
|--------|-------|----------------------|-------|

*Additional testing charges vary by test

Psychotherapy

| | | | |
|----------------------------------|-------|------------------------------|-------|
| Individual (45-52 mins) | \$100 | Individual (53 mins or more) | \$120 |
| Group Related Individual Session | \$50 | | |

Group Psychotherapy

\$50
Special rates available for Life on the Spectrum.

Preparation of written reports/letters, etc.

\$100 per hour (\$25 per 15 mins)

Court Appearance

(Subpoena and signed information release required.)

\$150 per hour, including transportation time
(A \$450 retainer may be required to reserve the day.)

03/03/20