

Holly Maddy, LLC
328 Thomas More Parkway #102
Crestview Hills, KY 41017
(859) 431-6333

Financial Agreement

*Fee Schedule as of December 2018

Service	Fee	Contracted Insurance Rate *
Initial Diagnostic Interview (45-60 min)	\$150	
Psychotherapy (45 minutes)	\$110	
Psychotherapy (60 minutes)	\$130	
Extended Psychotherapy (75min)	\$160	
Missed Appointments / Late Cancellation less than 24 hours notice	\$75	
Returned Check Fee	\$30	
Scheduled Phone Consults (15 minutes)	\$30	
Phone Calls (after hours or weekends 15 min)	\$30	
Letter/Additional Paperwork	\$30	

Deductible *If you have a deductible you can expect to pay the Contracted Insurance Rate listed above for each session until you have met your deductible.	
Co-Insurance *Once you meet your deductible you can expect to pay percentage of the above contracted insurance rate.	
Co-Pay *No deductible applies, you will be responsible for this amount each session.	

Late Cancellation/ Missed Appointment Policy:

For any missed or canceled appointment with less than 24 hours notice there is a \$75 charge. This fee is not billable to insurance, and must be paid by you directly.

The only exception to this policy is cancellation for inclement weather, or a medical emergency. If the driving conditions are very bad, and you do not feel it is safe to drive here, please call in advance of your session time. If you call and I confirm that the session is cancelled due to inclement weather, there will be no charge. If you do not call, it will still be due. If I cancel the session due to inclement weather conditions, you will not be credited for a free session.

Financial Agreement:

Co-Pays and Co-insurance are expected at the beginning of each session.

Deductible: Insurance will be billed first, and the remainder will be billed to client.

Balance: Payment is expected by the 15th of the month. Any balance that has not been paid in 90 days is subject to be sent to a collections agency for payment.

I understand the above fee schedule, late cancellations/missed appointment policy, and financial agreement.

Patient/ Legal Guardian's Signature	Date