Melanie J. Bliss, Ph.D.
Licensed Psychologist

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Decatur, GA 30030

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FEE SCHEDULE AND BILLING INFORMATION FOR MELANIE BLISS, PH.D., LLC

Service:	**Hourly Fees**:
45-50 minute psychotherapy session or consultation appointment (individual, family, or couple)……	$225.00
Psychotherapy first session / intake……....	$250.00
No-show or late cancellation (within 24 hours)……....	$225.00
Psychological Evaluations and report writing …….	$225.00/hour
Clinical phone calls with clients outside of therapy sessions …….	$4.50/minute
Legal proceedings including any of the following: forensic interviews; interviews; evaluations; report writing; document review; court preparation; meetings; transportation for all testimony, depositions, hearings, etc. …….	$400.00/hour
Legal proceedings including full amount of time served for court testimony, depositions, and hearings, including wait time. All are regardless of location and regardless of party who summons my participation……..…….	$500.00/hour
Other professional clinical services you request of me, including non-court report or letter writing on clients' behalf, phone conversations lasting longer than 5 minutes, preparation of records or treatment summaries, and copying of files. Includes transportation time if applicable……..	$225.00/hour or 3.75/minute
Business consultation reg: private practice (non-clinical service) or other consultation services. Additional information and forms available upon request.	$125/50 min appt; or $2.00/minute
Workshops / public speaking	$500/hour or $1500/day, *may be negotiable*

Additional Information:

1. I reserve the right to raise my fees due to changes in the market. I will always discuss a potential fee increase with you before raising your fee. **I usually raise my fee annually**.
2. The fee schedule may be adjusted for some clients experiencing particular financial hardship or other extenuating circumstances. Additional documentation may be required in order to receive a reduced rate. Discounts are not necessarily granted.
3. You will be expected to pay for each session at the time it is held unless we agree otherwise. Payment schedules for other professional services will be agreed to at the time these services are requested. Payment may be made via cash, zelle, Venmo (@Melanie-Bliss-1) or credit card (Mastercard or Visa only).
4. Please note that if you choose to pay me via Venmo, I recommend you set your settings to "private." I cannot guarantee the confidentiality of Venmo, and without setting to "private" then your acquaintances may be able to see that you paid me. If you choose to do this, you are choosing to do so of your own accord. Be assured that my settings are on "private" at all times.
5. I am "out of network" for insurance companies. I will give you an invoice and I can provide you with a superbill to submit to your insurance company. If you have out of network benefits, they will reimburse you based on your benefits, which may be an application to your deductible. Please note I have "Opted Out" of all Medicare Plans.
6. **Once an appointment is scheduled, you will be expected to pay for the full session unless you provide 24 hours advance notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.**
7. If your account has not been paid for more than 60 days and a payment plan has not been agreed on, I will submit the charge to your credit card company using the credit card information you provide on this form.
8. **If you are an attorney retaining my services for legal purposes**, I require a retainer of $2,000.00 up front (negotiable based on circumstances) and regular payments after the completion of work. I require payment for all services rendered **prior to releasing a written report** and **prior to providing testimony or a deposition**. The **minimum number of hours for a deposition in my office is two, and the minimum number of hours for a deposition or testimony is four hours**.

I agree to the billing practices noted above. I also understand that I am financially responsible for all charges whether or not they are covered by insurance. In the event that I default on payment of my bill, I agree to pay all costs of collection. I hereby authorize this healthcare provider to release all information necessary to secure the payment of benefits. I understand that this may include information from my chart. I further agree that a photocopy of this agreement shall be as valid as the original.

Client signature: _____ Date:_____