

Marni Bender, Ph.D.  
Licensed Psychologist  
[DrBender@ThriveCenter.com](mailto:DrBender@ThriveCenter.com)  
404-518-1018

## FEE SCHEDULE AND OFFICE POLICIES

### Fee Schedule:

Service:	Hourly Fees:
45-50 minute psychotherapy session, consultation, or coaching.....	\$220
First session/intake appointment.....	\$235
No-show or late cancellation (<24 hours).....	\$220
Documentation preparation, records request or review (list of services and fees available upon request).....	\$200
Written communication between sessions (e.g., consultation via email, journal sharing, etc.).....	\$220 (prorated by minute)
Clinical consultation/collaborative care over 10 minutes (e.g., psychiatrist, family, previous therapist, other providers).....	\$150
Services related to legal proceedings (list of services and fees available upon request).....	\$500
Returned checks.....	\$15 + bank charges

### Office Policies:

1. I reserve the right to raise my fees due to market conditions. I will always notify you prior to an increase, which typically occurs annually around the beginning of the new year.
2. Payment is due at the time of service, unless we agree otherwise. You may use cash, check, or e-payments such as Venmo, Zelle, or CashApp. My Venmo name is @Marni-Bender (please take careful note of the spelling).
3. All current balances must be paid in full before a next appointment is scheduled or confirmed, unless we have agreed on a specific alternative arrangement (e.g., a 3rd party is paying for your treatment on a monthly basis).
4. If using Venmo, please set your app to "private." Confidentiality on payment apps cannot be guaranteed, and unless set to "private" other Venmo users in your network may see your transactions. My settings are on "private" at all times.
5. At your request after receiving payment, I will send you a statement ("superbill") which you can submit to your insurance company. Most insurance companies will reimburse you in accordance with your out-of-network benefits. Some insurance companies will cover all but your co-pay. I am happy to answer questions about coverage in general and encourage you to check with your insurance company directly to verify your specific benefits.

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6. **If you need to cancel or reschedule an appointment, please provide 24 hours (1 business day) advanced notice to avoid being charged the full fee for that reserved hour.** If you reschedule for the same calendar week, there will be no charge. However, *Missed appointments without any prior notification are charged at the full rate even if you reschedule for that same week.* Please note that insurance companies do not provide reimbursement for canceled or missed sessions.
7. If we decide on a “standing” weekly or biweekly day/time (i.e., we meet at the same time each week), I reserve that time for you in my calendar as a “recurring” event, and do not offer that time to anyone else. If we miss a session for any reason, I will assume you will be at our *next regular appointment* unless we explicitly communicate otherwise.
8. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I will charge your credit card on file.
9. All of the above business policies apply to both in-person and Telehealth services. Please see the Telehealth Consent Form for additional information about virtual services.

Please indicate that you have received and understand the preceding information by signing below. You may keep a copy for your records, and one will be placed in your file.

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card number \_\_\_\_\_

Exp Date \_\_\_\_\_ Security code \_\_\_\_\_ Billing zip code \_\_\_\_\_

Name & Signature on Card if different from above \_\_\_\_\_

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