



CENTER FOR PSYCHOLOGICAL HEALTH
JAIME A. BLANDINO, PH.D., LICENSED CLINICAL PSYCHOLOGIST

Fee Schedule and Office Policies

Updated Jan 1, 2021

Service:	Hourly Fees:
45-50 minute psychotherapy session or consultation (individual/couples/family).....	\$180
First session/intake appointment.....	\$200
No-show or late cancellation (<24 hours).....	\$180
Documentation preparation, records request or review (list of services and fees avail upon request).....	\$180 or \$3/minute
Clinical consultation/collaborative care (e.g., psychiatrist, family, previous therapist, other providers).....	\$125 (no charge if <10 min; prorated after that)
Business consultation or clinical supervision (professional community service, not for current clients).....	\$125 or \$2/minute
Services related to legal proceedings (list of services and fees available upon request).....	\$300
Returned checks.....	\$15 flat + bank charges

Office Policies:

1. I reserve the right to raise my fees due to changes in the market (usually \$5-10 every 2 years, at the start of a new calendar year).
2. My fee may be reduced for some clients experiencing financial hardship or other extenuating circumstances. Additional documentation may be required in order to receive a reduced rate.
3. 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 online BillPay via your bank. My Venmo name is @Jaime-Blandino

4. 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).
5. 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.
6. At the end of each session, I will provide you with an invoice. After receiving payment, I will send you a statement called a "superbill" which you may submit to your insurance company. If you have out of network benefits, they will reimburse you based on your coverage, which may include an application to your deductible.
7. **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.** *Missed appointments without any 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.
8. 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.
9. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court.
10. 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: _____