

PATIENT SERVICES AGREEMENT

Patient Name: _____ D.O.B. _____

Home Address: _____

Email Address: _____

Phone Number: _____

The following describes my fees and policies as of September 15, 2024.

The clinic offers both in person and telehealth services. Due to medical licensure requirements, a patient must be physically located within the states of Massachusetts, Connecticut, Rhode Island, New Hampshire, or Maine to receive telehealth services from Dr. Peek. By signing this form, you are attesting that you are located within the state at the time of the telehealth service.

Fees:

- Initial consultation appointments: \$950 for a 60-90 minute session. This initial fee also includes initial review of records and collaboration with other members of the treatment team.
- Medication management appointments: \$350 for a 30-minute session.
- Psychotherapy appointments: \$400 for a 45-minute session.
- Outside-session time is prorated at \$400/hour. This may include additional phone calls, letters, and extra consultation time.
- Fees are subject to change up to a 5% annual increase.

Initial consultation does not constitute a treatment relationship. If Dr. Peek determines she can not serve you appropriately in the clinic or if you require other specialized treatment, she will help make the appropriate recommendations and referrals after the initial consultation.

Accounts must be kept up-to-date in order to schedule follow up appointments. The clinic accepts credit card for payment at this time. Please read the "Credit Card Authorization Form" for further information. Your credit card will be charged at the time of your appointment.

Dr. Peek requires at least a two-business day notice for cancellations. If a cancellation is made with less than a two-business day notice, you will be responsible for paying the full fee for the appointment. A \$200 deposit is required to schedule an initial evaluation appointment.

Dr. Peek is not a participating provider with any insurance plans. Superbills received after the appointment will include all the relevant codes that will enable you to submit for reimbursement with your insurance company. The amount of reimbursement depends on your out-of-network benefits. Superbills may be accessed through the Patient Portal.

Patient and/or Guardian Signature: _____

Date: _____