



Harmony Holistic Mental Health  
5445 DTC Parkway Greenwood, CO 80111  
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### Harmony Holistic Mental Health Fee Schedule

The following is the fee schedule for services offered by Harmony Holistic Mental Health. These prices are subject to change. Clients will be given a 30-day notice of any adjustments.

| Item                     | Price    |
|--------------------------|----------|
| New Patient Evaluation** | \$300.00 |
| Follow-Up Evaluation**   | \$150.00 |

#### FEES NOT COVERED BY INSURANCE

|   |          |
|---|----------|
| Medical Records Fee                           | \$25.00  |
| Emotional Support Animal Letter               | \$50.00  |
| Forms Fee (per page)                          | \$10.00  |
| Letter Fee                                    | \$10.00  |
| Disability Paperwork - Short Form             | \$50.00  |
| Disability Paperwork - Medium Length Form     | \$100.00 |
| Disability Paperwork - Complex / Long Form    | \$150.00 |
| Court Hearing/Appearance (4hrs minimum)       | \$500.00 |
| Court Hearing/Appearance (additional 4 hours) | \$500.00 |
| 5-10 minute Patient Initiated Phone Calls     | \$15.00  |
| 11-20 minute Patient Initiated Phone Calls    | \$25.00  |
| 21-30 minute Patient Initiated Phone Calls    | \$50.00  |
| Overdue Balance Fee (Greater than 30 Days)    | \$50.00  |
| Non-Sufficient Funds Fee                      | \$35.00  |
| Credit Card Chargeback Fee                    | \$50.00  |
| Late Cancellation / No Show Fee               | \$50.00  |

\*\*Prices are subject to change based on insurance copay, coinsurance, and/or deductibles.

Client Printed Name: \_\_\_\_\_

Clients Representative Printed Name: \_\_\_\_\_

*If the client is a minor / has a guardian:*

Parent / Guardian Printed Name: \_\_\_\_\_

The CLIENT MUST sign the consent if they are able to do so. The only exceptions are if the client is a minor, or has a legal document giving permission for someone else to sign on their behalf.

\_\_\_\_\_  
Client / Clients LEGAL Representative / Parent or Guardian Signature

\_\_\_\_\_  
Date