Amy Davenport Dakin, LCMHC, LCPC, NCC
New Perceptions, Inc
Po Box 5360
Augusta, ME 04332
(603)-257-0258
Fax: 1-888-977-1570
amy@nperceptions.com
www.nperceptions.com

Office Policy & Procedures

Client:	DOB:	Client #:

Office Hours: Office hours are typically Monday through Thursday from 9:00 A.M. To 5:00 P.M. These hours will vary depending on my availability and client needs.

Telephone Response Time: Unless I am out of the office due to consultations or conferences, I try to return all calls within a twelve hour period. I ask that when you call, please speak clearly and slowly in order that I can capture your name as well as your telephone number.

Payment Policies and Fee Schedule: Payment for services are expected on the day that services are provided, unless we have discussed and agreed to a different arrangement. I am in network with most major insurance providers, and bill them directly for the services I provide to clients. Clients are responsible for their co-payments and any balances not covered by the insurance company.

Psychotherapy Sessions are typically 50 to 60 minutes in duration

The hourly charges for therapy per 50 minute hour is: $150.00
Couples & Family Therapy per hour: 150.00
Court Testimony per hour (including preparation time) is: 700.00 retainer prior to services being provided
All other requested Professional Services fee per hour: 150.00
All administrative services (Professional Services referenced above) such as client related paperwork, texts, emails, phone calls, consultation and planning are billed at the 150.00 hourly rate and pro rated accordingly.

CISD, debriefing and emergency response is 200 per hour, travel time is billed accordingly.

Direct education is 100 per hour. This is direct education for PTSD, nutrition, mindfulness or stress management and does not involve therapeutic intervention. If applicable travel time is also billed out. Educational services are not covered by the insurance company unless done in the therapeutic context.

Some client situations require extensive time and paperwork outside of the therapeutic time. If appropriate a retainer of $1000.00 will be required to proceed. Anyone affected by this will be given notice and appropriate options will be discussed at that time to bill hourly or expect a retainer fee.

You are expected to contact the insurance company prior to and/or during counseling to discuss copayments and deductibles. You will be billed for any charges not covered by the insurance company.

These charges are in effect as of March 1st, 2019.

If a balance remains after you have been sent one bill (30 days from date on the invoice), and you have not negotiated a payment arrangement and/or fulfilled payment arrangements, I will use a service to collect the unpaid balance. This will allow me the right to disclose your name, address and your telephone number as well as other information necessary and pertinent to the billing process, when you sign this form in the space indicated below. In addition a $16.00 administrative fee will be added to the account when it is forwarded to the debt recovery agency.

There will be a 40.00 fee for any returned checks plus bank charges.

Release of Documentation Clients understand that the release of all paperwork requested/required by another agency or the client will be dependent on payment of all past and current services, in full.

Cancellations: When you do not keep a scheduled appointment, I cannot bill your insurance provider. If you are unable to keep your appointment please call within twenty (24) hours. If you miss two appointments without notifying this office, I will assume that you are no longer interested in continuing therapy, and will close your record. One attempt will be made by the office to reschedule an appointment. In addition if you do not give 24 hour notice a fee of 75.00 will be billed directly to you.

I have read the above information, and understand and accept it as it applies to me.

Client: _____ Date: _____

Guardian/Representative: _____ Date: _____

Clinician: _____ Date: _____
file 9/7