

Bryan C. Shelby MD JD LLC

Fees and Cancellation Agreement

The practice operates on a fee-for service basis. This means that your fee for each session will be due each session. In certain circumstances we can arrange a billing situation. I accept personal checks, credit cards cash , or direct electronic transfers. The fees are as follows and subject to change with notice:

-New Patient Evaluation and/or Consult	Two 45-minute sessions	\$985
-Psychotherapy or Family Therapy	45 minute session	\$385
-Medication management/monitoring	20-25 minutes session	\$225
-Forms, Reports, Prior Authorizations, Letters, Meetings, Interactions with Attorneys, Time Related to Court Testimony or preparation for Court Testimony, Records review		\$225 per 25 min

Telephone calls: I am glad to answer occasional short calls (5-10 minutes) in between sessions. There is no fee for brief matters during regular business hours or short-calls related to emergencies. If we need to spend more time to handle a difficulty that has arisen, I am glad to do so. Calls that last over 10 minutes will be considered phone or regular sessions and will be charged at my usual rate. Billing of phone sessions is different from in-person sessions, so your insurance may not be able to offer you similar reimbursement. My time is billed at my full fee (\$225), in 25-minute increments starting from the time the call or work began, even if the full 25 minutes are not used. This also applies to time spent on the phone with your insurer, prior authorizations, meetings and also time filling out of forms or letters. If I am needed for court, fees may include time lost for cancelled sessions, time for preparation, travel, or waiting, even if the need for testimony is cancelled. Also, if your account is seriously overdue, and arrangements for payment have not been agreed upon, I have the option to use legal means, including a collection agency and/or legal action in court, to collect the overdue amounts. Any costs associated with collection/legal means will be included in the claim. The confidentiality of information regarding your specific treatment and diagnosis will be protected.

Cancellation: Barring certain urgent matters or emergencies, I will be ready to see you at our scheduled time. Because of this, I ask that you provide me with as much notice as possible should you need to cancel or change an appointment. I ask that you give me at least 24 hours-notice prior to cancellation. **For cancellations less than 24 hours before appointment or without notice (no-show) there will be a charge for our full scheduled session.** Exceptions on a case-by-case basis may be made in certain circumstances.

Insurance/Medicare: This practice does not directly deal with insurance companies and is considered an out of network provider, however, a statement with the applicable information can be provided so that your bill can be submitted to your insurance company. If a prior authorization is required, at your request, I will contact the insurance company, however, I may charge the applicable pro-rated session rate for any time I spend communicating with your insurance company. I do not participate with Medicare. If you are Medicare eligible, we will need to discuss a Medicare Non-Participation Agreement if you would like to engage in treatment with me.

Signature of Patient or Parent/Guardian or Guarantor

Date