**PLEASE RETAIN FOR YOUR REFERENCE AND RECORDS**

**CANCELLATION POLICY**

Twenty-four (24) business hour notice is requested for cancellation of all scheduled appointments. A missed appointment fee of $50.00 may be applied. Payment or payment arrangements will be discussed prior to rescheduling an appointment.

In the event of two or more missed appointments or late cancellations occur therapy services may be terminated. In cases of severe weather, serious illness or an emergency the late cancellation fee will not apply. However, if there is a pattern of missed appointment both termination of service and a late fee will apply.

In the event that services are terminated, you will be offered a referral to another therapist or agency. This policy primarily exists because of a commitment to your therapy. A commitment is necessary in an effort to maintain a progressive therapeutic relationship.

**FEE SCHEDULE**

**EFFECTIVE January 1, 2016**

(Insurance may not reimburse for court fees, or missed appointments. The above fee schedule is for fee-for-service. The rates are adjusted per your insurance benefits and you are responsible for payment/copayment per your benefits.)

CPT code

90791 Initial consultation $ 100.00

90837 Individual counseling (60 Minutes) $ 100.00

90834 Individual counseling (45 Minutes) $ 75.00

90832 Individual counseling (30 Minutes) $ 60.00

Court ordered fees (per hour) $ 250.00

Missed appointment- hourly rate $ 50.00