

Mental Matters Clinical Services, LLC

10104 Senate Dr. Ste 228, Lanham, MD 20706

301-577-4920 P 301-577-4940 – F

www.dtsllc.org

SCHEDULE OF FEES

MISSED APPOINTMENTS: If less than 24 hours notice is given that an appointment will be missed, the patient will be charged a **\$100.00 fee**. This fee has to be paid prior to scheduling the next appointment. Credit card (Visa or MasterCard) may be taken over the phone as payment. **NOTE:** A new patient who has not been seen before in this practice wanting to reschedule a first appointment that was either a “no show, no call” or cancelled with less than 24 hours notice will be assessed a fee of **\$100.00**. This fee will need to be collected over the phone or dropped off in person/mail before rescheduling.

MEDICAL RECORDS: This office requires a minimum of **2** business days notice if requesting medical records to be sent or picked up at the office. A valid release of information form must be signed in person and a photo ID must be presented for verification of identity. A fee will be collected prior to release of any records. The fee includes a **preparation fee of \$15.00 as well as a fee per page to copy**.

Medical records will not be placed in the mail.

DISABILITY PAPERWORK: Paperwork will be completed by your provider at a flat fee of **\$130.00**. Paperwork will not be released to appropriate party until payment is made in full by the patient.

FORM FEES: Any forms that are submitted to this office will be prepared within 72 hours. The patient will incur a minimum fee of **\$50.00** for completion of each form.

LETTER FEES: Cost of a letter is **\$100.00**. Payment must be made in full by the patient prior to release of letter.

COURT APPEARANCES: These are charged at a rate of **\$175.00 p/h**. This is not a charge that is normally covered by an insurance company.

RETURNED CHECKS: The cost for returned checks is **35.00**, plus the cost of the check. Another check cannot be written to cover the returned check. A second returned check may result in suspension of check writing privileges for services.

Signature of Patient or Patient’s Guardian

Date of Signature