

Brenda K. O'Reilly, Ph.D., Professional LLC
Licensed Clinical Psychologist
Board Certified Professional Counselor

CLIENT RESPONSIBILITIES AND FEES

Usual and Customary Fees (Note: Discounted fees are applied with health insurance allowed rates)

- Intake Evaluation (55 minutes) - \$160
- Psychotherapy 30 (16 – 37) minutes - \$100
- Psychotherapy 45 (38 – 52) minutes - \$130
- Psychotherapy 60 (53 – 60) minutes - \$160

Missed Appointment/Late Cancellation Fee

Cancellation of a session without 24 hours advance notice means that someone else who urgently needs to be seen cannot be scheduled. Therefore, unless there is an emergency/unforeseen circumstances (e.g., illness, auto breakdown, snowstorm) a cancellation with less than 24 hours notice, or not showing up for a scheduled appointment, will be charged a \$50 fee which cannot be billed to insurance. Sessions will begin no later than 15 minutes after the scheduled time or it will be considered a missed appointment. Three missed appointments/late cancellations (not due to emergency/unforeseen circumstances) will be considered a termination of services. Our office does not provide reminders of scheduled appointments.

Correspondence/Copying Fee

A routine charge of \$50 will be made for requested correspondence such as treatment summaries or letters and documents that require a review of the treatment file; this charge also applies for copying/ mailing medical records.

Video Sessions, Telephone Consultation, and Emergency Services Fees

Video sessions, telephone consultations, and crisis interventions are billed the same as the in-person rate.

Returned Check Fee

A routine charge of \$25 will be made for any check returned for insufficient funds or any other reason.

Legal Proceeding Fees

If Dr. O'Reilly is subpoenaed or otherwise required to participate in a legal proceeding as a result of providing professional services to you, you will be responsible for paying the full professional fee of \$200 per hour for all time expended on preparation, transportation, and testimony.

Payment for Services

ALL PROFESSIONAL CHARGES ARE DUE AND PAYABLE AT THE TIME OF TREATMENT. Our office accepts checks, cash, and credit/debit cards. If you are certain that your health insurance pays a specific amount, you may pay only your copayment or deductible up front. This office will file insurance claims for your as a courtesy. It is the client's responsibility to discuss any difficulty with this policy in advance, and to establish an alternative payment plan at the time of treatment.

Health Insurance

All health insurance and managed care plans provide coverage for outpatient psychotherapy as an individual mental health/behavioral health benefit. It is your responsibility to understand your copayment/coinsurance and/or deductible and whether any preauthorization of services is required. Our office will verify your benefits with your insurance plan. Because these services are rendered to you, and not your insurance company, you will remain financially responsible for payment of all services. At or before your first visit, please either submit a copy, front and back, of your insurance card, or allow our office to make a copy of your card, in order to facilitate our filing of claims.

CLIENT FINANCIAL AGREEMENT

I have read and understand the client responsibilities and financial policies indicated above. I accept responsibility for the payment of all charges under the above terms. I understand that if my account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, then legal means may be used to secure the payment. This may involve utilizing a collection agency or going through small claims court. I hereby authorize the provider to release any information required to process claims for services or to obtain payment for services. I also assign insurance benefit payments directly to Dr. O'Reilly.

Signature _____ Date _____