



216 North Michigan Ave, League City, Texas 77573
Phone: 281-332-5100 Fax: 281-332-5155
www.Psychology-Resources.com

Financial Responsibility

You are ultimately responsible for your Psychology Resources bill. If you have insurance coverage, we will help you with your insurance company by providing services such as calling to verify benefits and obtaining an estimate of coverage, filing claims, and providing whatever reasonable information your insurance company requests from us. However, please be advised that working with your insurance company is a courtesy service provided by Psychology Resources, and we cannot guarantee that your insurance company will pay. **If your insurance does not pay us for any reason, you will be responsible for your remaining balance.**

Cancellation Policy

Your appointment time has been reserved specifically for you. Once your appointment is scheduled, you will be financially responsible for it unless you provide 24 business hours notice of cancellation. It is important to note that insurance companies do not provide reimbursement for sessions you do not show up for, so your doctor is not paid when you do not come to your session. However, because we know that emergencies do come up occasionally at the last minute (sudden illness, car troubles, etc.), we'll forgive two late cancellations or no-shows per twelve-month period. **After your two penalty-free late cancellations or no-shows, you will be billed \$50 for your next two late cancellations or no-shows, and then \$100 for every additional session you cancel without 24 hours notice and every session you do not show up for, regardless of the reason.**

Our Fees

- We charge \$175 for your initial psychotherapy session, and \$160 for each session thereafter.
- Letters written to doctors or other professionals will cost \$25 and up (depending on complexity).
- Assessments require additional fees that will be clearly explained to you prior to any testing.
- All court-related services (preparation, consultation with attorneys, travel, court appearances, etc.) are billed at \$250/hour.
- Returned checks will be assessed a fee of \$35.

Printed Name of Patient: _____

Printed Name of Responsible Party: _____
(if patient is a minor, or if the responsible party is not the patient)

Signature of Responsible Party: _____

Date: _____