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I, _____ have been informed and understand
the fee schedule for private pay patients.

Fee Schedule (Effective January 1, 2024):

Initial Evaluation - \$600.00

45-60-minute appointment - \$500.00 (In the event a 60-minute appointment runs over 15 or more minutes, you may be charged an additional fee.)

25-30-minute appointment - \$250.00 (In the event a 30-minute appointment runs over 15 or more minutes, you will be charged for a 45-60 minute appointment.)

EFFECTIVE JANUARY 1, 2024: All patients are allowed one missed appointment and will receive a letter notifying them. After this, we will charge the card on file for all missed appointments (no show or late cancellations). The charge will be the amount due for the visit; i.e. 60 minute \$500, 30 minute \$250.

Patient Information:

Patient Name: _____

Patient DOB: _____

DX code: R69 – diagnosis deferred

(Signature of patient/guardian)

(Date)