



Maureen L. Reardon, Ph.D., ABPP

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NOT APPLICABLE TO
FORENSIC EVALUATIONS

FINANCIAL POLICIES AND FEE DISCLOSURES

This document contains important information regarding your financial obligations to Maureen Lyons Reardon LLC. You should review the following points carefully and seek clarification prior to signing. Your initials (where indicated) and signature of agreement will be required prior to initiation of services.

1. _____ **Self-Pay Rates** are to be paid in-full at the time of service:

Psychological Assessment	\$200.00 per hour*
Therapy Intake Session	\$180.00 for 60 minutes
Couples Therapy	\$175.00 for 60 minutes
Individual Therapy Session	\$150.00 for 53 to 60 minutes \$125.00 for 38 to 52 minutes \$100.00 for 30 to 37 minutes

**includes time spent in interview or feedback sessions, telephone calls to examinee(s) or relevant third parties, record review, psychological testing, and report preparation*

2. _____ If you have **health insurance**, you must understand there is no guarantee that claims for services will be paid and some services may not be covered at all (e.g., certain psychological assessments). Your insurance company can make a decision about reimbursement only *after* services are rendered. You are urged to contact your insurance company to inquire directly your mental health benefits, minimum deductibles, co-payments, and/or preauthorization requirements. **It is ultimately your responsibility to make payment for services rendered in-full if your insurance company denies your claim(s) or otherwise does not pay.**

- In order to assist you in filing claims, you must present a copy of your insurance card(s) and any other information required by your insurance company.
- Any co-payments or other expected portion of costs must be paid in full at the time of service.
- If your benefits cannot be verified prior to your appointment, you will be required to pay for services at the rates specified above in-full at the time of service. You will receive a refund for any reimbursement payments received from your insurance company.
- If your claim for reimbursement is denied for any reason, you will be responsible for the entire balance of services rendered. If you believe the denial was made in error, you will need to contact your insurance company to file an appeal.

3. _____ There are NO sliding-scale rates, discounts, or balance waivers. A modified payment schedule may be arranged on a case-by-case basis.

4. _____ **Assessment clients**, please note that you will be provided a detailed “good faith estimate” of the entire cost of your evaluation based on your specific assessment needs and/or third-party referral

Financial Policies / Fee Disclosures
(CONT)

questions. Unless we have agreed on alternate payment arrangements, you will be expected to pay at least 50% of the anticipated cost of the evaluation at the time of your first scheduled appointment -- regardless of whether or not you anticipate insurance will cover a portion or all of assessment costs. You will not be provided with a final evaluation report until the entire balance for services rendered is paid in full. You will receive an equivalent refund of self-payments for any insurance payments made.

5. **Additional Charges / Fees.** You are required to provide minimum deposit of \$50 at the outset of services to cover in the event of any additional charges/fees (as specified below). If a portion or all of the deposit is expended, you must make payment to ensure the minimum \$50 deposit balance is maintained before your next appointment. Any deposits will be refunded at the termination of services. As an alternative to deposit, you may elect to keep a credit card on-file and sign a separate authorization form for this purpose.
- \$20 for returned checks or credit card denials
 - \$25 for appointments cancelled or rescheduled less than 24 hours prior to scheduled appointment
 - \$50 fee for missed appointments.
6. **Unpaid Balances/Overdue Payments.** If your account balance is unpaid for 60 days or more and we have not agreed on an alternate payment schedule, legal remedies may be pursued to secure outstanding payments for services rendered and any costs I incur in connection with recovering such amounts. Any legal actions will be governed by the laws of the State of North Carolina. As required by third party collection agency or judicial authority, your identifying information (i.e., name, address, telephone, driver's license, SSN), the type of services provided, and the balance due may be released. Your clinical records will not be released without your consent.
7. **Accepted payment methods include:** cash, personal checks (preferred), Paypal online, and most major credit cards.

I, _____ (the undersigned) have read, understand, and agree to the Financial Policies and Fee Disclosures as outlined above by Maureen Lyons Reardon LLC.

Signature of Client

Date