

Sylvia K. Neal, LCSW, PLLC

FINANCIAL RESPONSIBILITY AGREEMENT

To our patients,

SYLVIA K. NEAL, LCSW, PLLC, fees vary depending upon the type and length of service, session time may include interviewing, therapy, planning, reports, dictation, related telephone conversations and any other time spent concerning the patient. There may also be a charge for frequent or lengthy (greater than five or ten minutes) telephone contact with patients. Many insurance carriers will not pay for phone calls, letters, or reports and these changes may be billed to the patient directly.

Type of Service	Amount Billed
Intake Evaluation	\$135.00
Individual Psych 20/30	\$50.00
Individual Psych 45/50	\$125.00
Family Therapy w/o Patient	\$125.00
Family Therapy w/ Patient	\$125.00
Group Therapy	\$25.00

Many insurance plans have preset fees, which are affected by this rate. Please discuss this with your Therapist with any concerns you may have.

It is expected that payment be made in full for the appointments fee or insurance co-pay at each appointment. A charge ranging from at least \$25.00 to full fee (for appointment at provider discretion) will be charged, for appointments not kept or cancelled less than 1 business day in advanced. There will also be a \$25.00 fee for any returned checks.

Managed Care Patients: Please be aware that, as with other patients, in the events of late, cancelled, or broken appointments you may be responsible for up to the full appointment fee opposed to co-pay only. Many insurance carriers will not pay for the charges and they will be billed to the patient directly.

In the event that a patient account must be referred to an attorney for collection, the responsible party agrees to pay all reasonable attorney fees and court costs.

I have read the above agreement and wish to continue with the evaluation and treatment. I agree to pay the fee specified above at the time of each appointment unless special arrangements are indicated below.

Patient Name (Print)

Signature of Responsible Party

I have received a copy of this agreement on _____
Date

Witnessed By

By special arrangements to the contract with Sylvia K. Neal, LCSW, PLLC, I have agreed to the following:

