



CHEATHAM PSYCHOLOGY SERVICES, LLC

www.cheathampsiychology.com

Phone (971) 277-9984/Fax (971) 266-2834

cheathampsiychologyservices@gmail.com

FEE DISCLOSURE

Patient Name: _____

FEES:

Intake and Evaluation Session \$225.00

50 Minute Individual Session \$175.00

BILLING & PAYMENT:

Payment is due at the time of service.

Payment agreements will be designated and kept on file. Payment agreements may be revisited every 60 days to determine feasibility. The designated fee will also be charged for additional services provided at your request or for your benefit, such as report writing, consultation with other professionals, hospital visits, and phone calls lasting longer than 5 minutes with you or others involved in your treatment. My participation in a legal proceeding will always be charged at \$250.00 per hour, regardless of a reduced fee arrangement. Three missed payments (over the course of three consecutive sessions) may result in a temporary termination of treatment until account balance is paid in full or we agree to a payment arrangement. Fees may be paid by credit, debit, cash, or check. I can provide you with statements and other relevant paperwork if you would like to submit a claim to your insurance provider on your own. **You are responsible for your bill regardless of whether insurance covers the treatment cost.**

Patient Signature _____ Date _____