The fees for services provided by Dr. Sarah King will be in accordance with the reasonable value set forth by the established community guidelines and standards. Here is a list of some, but not all, of the services that Dr. King provides. In parentheses are the rates as of 2019, although rates are subject to change. *Please be aware that not all services are covered by every insurance company, and you will be responsible for the remaining bill.* Patients are expected to pay fees at the time of service unless other billing arrangements are agreed upon in advance. Copayments are expected at each session. If a patient is unable to make on-time payments, the patient may be referred to an alternative provider. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. Fees may also be charged for records requests. Dr. King reserves the right to delay, defer, or discontinue services for any reason, including if the balance owed is not paid at the time it is due.

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| **CPT Code** | **Cost** | **Description** |
| 90791 | $245 | Initial Session |
| 90832, 90834, 90837 | $110, $160, $245 | Individual therapy, vary by session length |
| 90846/90847 | $170/$180 | Family therapy |
| 90839 | $245 | Crisis Psychotherapy |
| 90853 | $40 | Group therapy |
| 90887 | $80 | Feedback session, per 15 minutes |
| 90889 | $80 | Preparation of documentation (e.g., for another agency, attorney, court, school) |
| 98966, 98967, 98968 | $40, $60, $80 | Phone calls with patient, parent, school, other provider, etc. vary by length |
| 98969 | $40 | Email or some other online contact with a therapist or psychologist |
| Varies | $245 | Psychological Assessment Services, per hour |
| Professional Hourly Rate | $245 | Rate per hour of professional service time not defined by a specific CPT code |

**Electronic Communication Policy**

It is expected that all non-emergent contact with your provider will take place during a scheduled session. As such, regular communication via phone, email, or other electronic means is not typically utilized. If an emergent situation arises, please contact the office to get a message to your provider and schedule an appointment as soon as possible, or call the crisis line. On occasion, patients may still choose to email their provider. By signing, you recognize that while your provider utilizes a secure email provider, confidentiality of any information sent online cannot be guaranteed.

**No Show and Late Cancellation Policy**

We are sincerely dedicated in assisting you with meeting your goals. Consistent attendance allows for quicker recovery and better outcomes. However, if you are unable to keep your appointment, *please cancel 24 hours prior to your appointment time* and we will be happy to reschedule your visit.

You may be charged $35 for a therapy appointment or $70 for an assessment appointment if you do not show or cancel less than 24 hours before your appointment time.Your insurance does not cover charges for late cancellations or no‐shows. We understand that unavoidable situations occasionally arise when an appointment cannot be kept and adequate notice is not possible. In the case of an emergency, the fee may be waived on one occasion.

I understand that I am ultimately liable for the balance on my account for any services provided by Sarah King, Ph.D. regardless of the status of insurance. With my signature, I agree to adhere to the billing policies and procedures, and to pay any fees that I owe Dr. King based upon such policies. I hereby authorize direct payment and all benefits due under my insurance policy to Dr. King for services provided. I authorize the release of medical or other protected health information necessary to process insurance claims. If I fail to pay, I recognize that past due balances may be sent to collections.

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_