



Telephone: 410-604-0226 Facsimile: 877-643-0126  
 100 Helfenbein Lane, Suite 230 D, Chester, MD 21619  
 www.chesapeakebaypsychological.com

**Guarantor Fee Agreement**

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

Clients or their guarantors are expected to pay for services at the time those services are received. If you anticipate difficulty paying on time, please notify our office immediately to discuss payment arrangement options. For services that are expected to be covered by insurance, applicable deductibles and copayments must be paid at the time services are received. If preauthorization is required by the insurer, the client should call the insurance carrier prior to the first appointment to obtain preauthorization. Chesapeake Bay Psychological Services will submit claims to most insurance companies on behalf of our clients. However, clients and their guarantors retain full responsibility to pay for all services rendered, including services not covered by insurance and claims denied by the insurer. A number of the services listed below are not covered by most insurance policies, including the missed appointment charge.

**Rates for services at Chesapeake Bay Psychological Services are currently as follows, but are subject to change:**

<u>Service</u>	<u>Current Rate (subject to change)</u>
Initial appointment	\$200/scheduled hour
Individual, family therapy, or consultation session	\$120/40-45 minute session and \$160/55-minute session
Extended therapy session	\$40/each quarter hour
Most telephone contacts >5 minutes	\$40/each quarter hour including documentation
Record review > 5 minutes	\$40/each quarter hour
Most requested documentation	\$40/each quarter hour
Copying of records	\$0.75/page
Psychological evaluation	\$160/hour or predetermined evaluation fee
Court appearance	\$200/hour scheduled and driving time plus mileage
Other requested appearance	\$160/hour scheduled and driving time plus mileage
Group therapy session	Varies
<b>Missed appt without 24 hours notice</b>	<b>\$65/scheduled hour</b> (may be waived in emergencies)
Returned check charge	\$25/check
Collections costs	35% of any delinquent balance, plus any legal costs

The following services are included at no charge: brief record review (up to 5 minutes), brief telephone contacts (up to 5 minutes), telephone contacts with other providers, contacts with insurance companies, documentation requested by insurance companies, submission of claims to insurance companies.

- Chesapeake Bay Psychological Services offers reduced rates based upon clinical needs and financial status. Please inquire in advance.
- Please note that clients will be charged for court appearances and legitimate requests for information or documentation regarding services they have received at CBPS, even if a different party issues the subpoena or requests the information or documentation.
- Parents, please note that our office cannot mediate disagreements between parents over financial responsibility for services provided to a child. Payment is due at the time of service; parents must resolve differences over payment for services in advance. In the case of an outstanding balance, the parent(s) who signed this fee agreement will be held responsible.
- **Treatment will be terminated for clients who have missed 3 appointments in one year without 24 hrs notice and without payment**, including clients whose insurer (such as Medicaid) prohibits CBPS from charging clients for missed appointments.
- **Payment is due at the time of service.** Guarantors who will not be present at the time of service must send payment in advance, or with the client, or may complete the CBPS Credit Card Authorization Form which is provided for your convenience.

You may revoke your consent to this agreement in writing at any time, but the revocation cannot be retroactive, and in no way diminishes your responsibility to pay for services already received or costs already incurred.

Responsible Party/Guarantor Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_