



## Rachel E. Davis, PhD, PC

Licensed Psychologist specializing in Pediatric Neuropsychology

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### PROFESSIONAL FEES, PAYMENT, AND INSURANCE REIMBURSEMENT

#### Fees and Payment

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. I strongly encourage you to consider my fee schedule carefully prior to your initial appointment. I also encourage you to review your health insurance policy to determine your mental health benefits, any limitations on these benefits, if you are entitled to out-of-network benefits, and any reimbursement rates.

Fees for the services you request will be discussed and agreed upon prior to our first appointment. You may find my sliding scale fee schedule below and online at [drracheldavis.com](http://drracheldavis.com). Your signature on the Private Pay Fee Agreement Contract constitutes your agreement to pay the indicated fees. ***Any future services must be paid in full prior to performance of the service at the fee rate applicable at the time of service.***

Unless otherwise arranged, all payments are due prior to the beginning of each appointment. Fees related to court appearances must be paid by cash or check at least seven (7) days prior to the requested or summoned court appearance. All other fees may be paid by cash, check or credit card. Checks should be made out to Rachel E. Davis, PhD, PC.

If you accrue two unpaid appointments through prior arrangement to delay payment as mentioned above, no further appointments will be scheduled until your balance is paid in full. If your account is delinquent for more than 60 days and arrangements for payment have not been agreed upon, I reserve the right to use a collection agency or other legal means to secure payment. In most collection situations, the only information I release regarding a client's treatment is his or her name, the nature of services provided and the amount due.

#### Insurance Reimbursement

I am not contracted with any private insurance companies and am thus considered an "out-of-network" provider for many of my clients. For these clients, I am unable to bill the private insurance provider directly. However, I routinely provide clients with a "Record of Services Provided & Fees Collected" (invoice). Clients may then submit this statement to their insurance company for reimbursement (if the client is entitled to out-of-network benefits). My clients generally report that this arrangement works well for them.

Please note that not all psychological services are covered by all insurance plans. Your insurance provider may only cover a portion of my fees. I strongly encourage you to review your health insurance policy prior to meeting with me in order to determine your mental health benefits. It is your responsibility to verify the specifics of your coverage and to file all claims on your own behalf.

Depending on your financial circumstances and total medical costs for any year, psychological services and the cost of transportation to and from appointments may be tax-deductible expenses. I encourage you to discuss this with a tax advisor.

*Medicare: I am required to inform you that currently I do not provide services through Medicare, regardless of your eligibility for these benefits. You are still able to use my services, but you are responsible for all charges.*

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## PRIVATE PAY FEE AGREEMENT

The following fee schedule represents my sliding scale as of March 1, 2021 with income range determined by gross annual household income per last year's tax return:

Income Range→ Service↓	\$60,000 or more	\$48,000- \$59,999	\$36,000- \$47,999	\$24,000- \$35,999	\$23,999 or less
Neuropsychological, Psychological, or Developmental Assessments, all inclusive Infant/Children 12 Months – 5 years	<b>\$1600</b>	<b>\$1400</b>	<b>\$1300</b>	<b>\$1200</b>	<b>\$1000</b>
Neuropsychological, Psychological, or Developmental Assessments, all inclusive Children or Adolescents 6-22 years old	<b>\$2100</b>	<b>\$1900</b>	<b>\$1800</b>	<b>\$1600</b>	<b>\$1500</b>
Individual Therapy (5 to 18 years) per hour	<b>\$175</b>	<b>\$150</b>	<b>\$130</b>	<b>\$110</b>	<b>\$100</b>
Email and telephone consultation-per 10 minutes	\$30	\$30	\$30	\$30	\$30
Missed appointments (no call/no show)	Full fee	Full fee	Full fee	Full fee	Full fee
Appointment Cancelled without 24 hours' notice	\$100	\$100	\$100	\$100	\$100
Insufficient Funds (Returned Check)	\$25	\$25	\$25	\$25	\$25
Deposition for testimony for court appearance, per hour, two hour minimum prepaid	\$1000	\$1000	\$1000	\$1000	\$1000
Half day of testimony in court or at a hearing (see below)*	\$5000	\$5000	\$5000	\$5000	\$5000
Full day of testimony in court or at a hearing (see below)*	\$7500	\$7500	\$7500	\$7500	\$7500

\*If you or your child become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called or summoned to testify by another party. Because of the difficulty of testifying in legal matters, which often require last minute cancellations of existing appointments, I charge \$5000 per half day or \$7500 per full day for preparation and attendance at any legal proceeding or hearing. Due to the unpredictable time requirements of court proceedings and other hearings, there is a two (2) day minimum retainer for all court or hearing appearances. All retainers must be paid by cash or check and received at least one week (seven days) prior to the court appearance, whether an agreed upon service or via a summons to appear. Any unused amount from the retainer will be returned via check one month following the final close of the hearing or court case in order to cover any recall for testimony that is required.

Occasionally, clients request additional services such as supplemental reports, attendance at meetings, school visits or conferences, consultation with other providers, or other services not included in weekly psychotherapy or assessment. My fee for such services is \$175/hour or equivalent fee structure to that for individual therapy found on the sliding fee schedule.

If you have questions or concerns regarding fees, I encourage you to speak with me directly. I am committed to providing need-based financial assistance on a limited basis (i.e., sliding fee schedule). If the financial commitment required for my services exceeds your resources, you may choose to contact your insurance provider for assistance locating an in-network mental health provider. I may be able to provide you with appropriate referrals as well.

### **For Parents of Minors**

The parent who brings the child is responsible for payment in full at the time of service. If the child attends a session without the parent, payment will need to be sent with the child or provided in advance. In the case of separated or divorced parents, where one parent is court-ordered to pay for services, a copy the court-order in its entirety must be provided before this information can be used. Additionally, in the case of separated or divorced parents where both parents have legal custody, both parents are required to review and sign the Fee Agreement Form and all of the Consent Forms.