GOODMAN
PSYCHOLOGIST ASSOCIATES

Additional Fees & Services

It is our goal to provide you and your family with comprehensive and exceptional service. Some circumstances may require additional communication, either verbal or written, between your therapist and attorneys, psychiatrists, teachers, doctors, law enforcement officers or other individuals in order to coordinate care. You also may request written documentation, such as Summary of Treatment, Disability Forms, letters or reports to be written and sent on your behalf or on behalf of your child.

We are happy to provide these services; however, these requests are not covered by insurance policies and are, therefore, the financial responsibility of the client. Fees must be paid in advance via credit card, cash or check.

FEES

Letters and other written documentation . . . . . **$90 to $180**

Phone calls. . . . . . **$45 per 15-minute increment**

Meetings, IEP, etc . . . . . **Hourly fees, plus travel time**

Court Appearance, Subpoena, Deposition. . . . . . **$250 per hour including preparation, travel and testimony***

**Notice of deposition must be given at least two weeks in advance of the required date. There is a minimum required deposit of four hours paid by certified check two weeks in advance. Notice of cancellation must be given 72 hours prior to the deposition and money will be returned. If 72-hour notice is not received, the money paid will not be returned.*

MISSED APPOINTMENT

If you are unable to make your scheduled appointment, kindly provide notice of cancellation 24 hours prior to the scheduled session. Sunday appointments must be cancelled by Friday, no later than 5 p.m., and Monday appointments must be cancelled no later than Saturday at 5 p.m. If the appointment is not cancelled within the stated time frame, you will be charged $180 for the missed session. Insurance companies refuse to pay for missed appointments and we do not bill insurance companies for these missed sessions. Fee exceptions are made for emergencies, and in these cases, we ask that you inform your therapist of the nature of the emergency. Payment must be made prior to or during the next session with the therapist.

PATIENT NAME _____ Date _____

SIGNATURE OF PATIENT OR RESPONSIBLE _____ Date _____

PARTY WITNESS _____ Date _____