

FEE POLICIES AND PROCEDURES

1. The per session fee is \$ ____ per 45 min session hour. If paying by Venmo, check, or cash, the discount fee is \$ _____. Sessions which are extended (e.g. initial intake) to 1 hour will be billed at additional cost (.33 x per session rate for each 15 min.). Periodically, therapists increase their fees and will discuss any change with you.
2. **Payment is expected at the time of your session.** You may pay by Venmo or Credit Card, and for in person sessions, additionally by check or cash. A discount is offered for Venmo, check, or cash payments. Please make out checks before your session and put cash or checks in an envelope.
3. If for any reason there is a balance of payment due at the end of the month, there will be a \$35 late charge for each \$500 due, for each month there is a balance. Bank returned checks will be charged \$35 per check, per return.
4. Statements will be issued once a month. These statements should have all the information necessary for you to submit to your insurance carrier.
5. If you are unable to keep an appointment, please notify your therapist as soon as possible. **You will be held responsible for your fee if you cancel with less than 36 hours notice.** In case of last-minute illness (i.e.: of a child), parent is invited to use the session as a parenting session, either in person, FaceTime, Zoom or by phone.
6. Telephone or email consultations up to 10 minutes in length will be without charge. Telephone consultations or email (reading and responses) that take longer than 10 minutes will be prorated and billed at the hourly (45 minute per session) rate for total time spent in consultation.
7. Note that whatever is discussed in our sessions will be confidential and is best not used for any legal matters or procedures because it compromises the trust between therapist and child, and therefore effective treatment of your child. The only exception is when child abuse or serious intention for suicide or serious harm to another is suspected, under which circumstances Dr. Reznick is mandated to report to the appropriate agency.
8. Because Dr. Reznick is a frequent speaker, workshop leader, social media commentator, and writer, some drawings or anonymous stories for educational/training/writing may be shared. No identifying info will be shared.

Financial Statement: I/We, the undersigned, have read the above fee policies and procedures and agree to abide by them.

Signature

Print Name

Date