



Extended Billing Policy

The fees for services provided by Tracy List, PHD will be in accordance with the reasonable value set forth by established community guidelines and standards. At the present time, the fee for the first initial session, CPT code 90791, is \$350 after which the billing rate for a Ph.D. provider is \$300 for an individual therapy CPT code 90837, \$250 for an individual therapy CPT code 90834, \$200 for individual therapy CPT code 90832, \$250 for family therapy CPT code 90847 and \$250 for family therapy CPT code 90846. The fees for Neuropsychological testing will be \$300 for CPT code 96116, \$250 for CPT code 96132, and \$200 for CPT code 96136. Tracy List, PHD reserves the right to raise her rates at any time. **Clients are required to provide a valid credit card at the time of their initial session for the office to keep in their electronic file.** Copays are the client's responsibility and are required to be paid at the time of service. Clients are also responsible for any deductible, co-insurance, and or out-of-pocket balances remaining after insurance benefits have been applied. I understand that extended sessions that are over 60-minutes along may not be covered by my insurance, and I am responsible for any amounts not covered by my insurance. Client statements are mailed out on the first of the month. If no payment is received within 30 days of the statement date, a payment will automatically be charged to the client's credit card on file. The client will be notified in advance of the transaction. Electronic payment is offered as an option and includes a \$5 convenience fee in addition to your payment for processing fees. To avoid paying this additional fee, please use cash or a check made payable to Tracy List, Ph.D. For any returned checks for non-sufficient funds, a return check fee will be applied to your account. If payment is not received for two consecutive sessions, the client may not schedule an appointment until the fees owed are paid in full. Balances that are 90 days past due will begin accruing 1.33% finance charges every 30 days. Tracy K. List, Ph.D., LLC, does offer payment plans to those who need assistance with their balances. Uninsured clients or self-pay clients are required to pay for services in full at the time of their appointment before they can be seen. Tracy K. List, Ph.D., LLC, does reserve the right to forward any unpaid accounts to a collection agency to be recovered.

Sessions that are cancelled without 24-hour notice will be considered late cancellation. Two late cancellations/no show appointments will be allowed before a warning letter is sent out. After this, an appointment that is not cancelled with 24-hour notice, or any no show appointment will be charged a \$75 fee. The client is required to pay this fee in full prior to scheduling the next appointment. This charge is also not billed through insurance. Exceptions to this policy are solely based on Dr. Tracy List's discretion. Should a client continue their services with Tracy K. List, Ph.D., LLC., that are responsible for the payment of any remaining balance for services rendered. Tracy K. List, Ph.D., LLC., does reserve the right to forward any unpaid accounts to a collection agency to be recovered.

I understand that I am liable for the balance on my account for any services provided by Tracy K. List, Ph.D., LLC., regardless of the status of my insurance situation. With my signature, I agree to adhere to the agency's billing policies and procedures and to pay any fees that I owe the agency based on such policies. I hereby authorize direct payment and all benefits due under my insurance policy to Tracy K. List, Ph.D., LLC., for services provided. I authorize the release of medical or other protected health information necessary to process insurance claims.