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## **Extended Billing Policy**

The fees for services provided by Shaylee Schroeder, PSY.D. 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. Shaylee Schroeder, PSY.D reserves the right to raise her rates at any time. **Clients are required to provide a valid credit card at the time of their first initial session for the office to keep in their 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 am aware I am responsible for any copays, deductible and out-of-pocket balances. 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 be automatically 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 \$5.00 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 Shaylee Schroeder, PSY.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. Shaylee Schroeder, PSY.D does offer payment plans to those who need assistance with their balances. Uninsured clients or self-paying clients are required to pay for services in full at the time of their appointment before they can be seen. Shaylee Schroeder, PSY.D reserves the right to delay, defer, or discontinue services for any reason, including if the balance owed is not paid at the time it is due. Shaylee Schroeder, PSY.D, does reserve the right to forward any unpaid accounts to a collection agency to be recovered.

Sessions that are canceled without at least 24 hours' notice before the session will be considered late cancellations. Two late cancellations or two No Show appointments will be allowed before a warning letter is sent out. After this, an appointment that is not canceled 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 Shaylee Schroeder, PSY.D.'s discretion.

Should a client discontinue their services with Tracy List, PHD they are responsible for the payment of any remaining balance for services rendered. Shaylee Schroeder, PSY.D, does reserve the right to forward any unpaid accounts to a collection agency to be recovered.

I understand that I am liable ultimately for the balance on my account for any services provided by Shaylee Schroeder, PSY.D 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 Shaylee Schroeder, PSY.D for services provided. I authorize the release of medical or other protected health information necessary to process insurance claims.

Shaylee Schroeder, PSY.D, LLC.  
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**Creating Positive Change**