

Gravis Therapy
Ron Gravis, MA, LPC, LCDC, CSAT

SERVICE FEE AGREEMENT

The service fees outlined in this agreement were established to offer consumers reasonable rates based on fair market trends. Ron Gravis reserves the right to adjust the fee should it be clinically indicated or necessary to maintain operating expenses. Written notice will be provided prior to any fee changes.

<u>Clinical Services</u>	<u>Time</u>	<u>Fee Per Hour</u>
_____ 90791 Diagnostic Interview	60 Minutes	\$100.00-\$180.00
_____ 90834 Individual Therapy	50 Minutes	\$100.00-\$180.00
_____ 90847 Family Therapy w/pt	50 Minutes	\$100.00-\$180.00
_____ 90846 Family Therapy w/o pt	50 Minutes	\$100.00-\$180.00

Legal Proceedings

If you become involved in a legal proceeding that requires testimony, you will be required to pay for all direct professional time, including but not limited to report writing, photocopying of documents, testimony preparation, court appearance, and travel expenses (40.5 cents/mile), even if called to testify by an opposing party. Due to the commitment of time required to prepare for testimony, a fee of \$150.00 per hour with a 3-hour minimum will be assessed and collected prior to any preparation or appearance.

Forms and Letters

If time permits, forms or letters required for school, work, physicians, and certain types of disability must be completed during your allotted appointment time. Any documents that need to be completed outside of your appointment time are billed at the following rates:

Photocopies of records are charged at 20 cents/page with a minimum of \$5.00 charge for all requests.

Letter Writing	Simple (less than 5 minutes)	\$10.00
	Moderate (10-15 minutes)	\$25.00
	Lengthy (20-30 minutes)	\$50.00
	Complex (30-60+ minutes)	\$100.00 per hour

Telephone Consultations

Routine courtesy calls of 5 minutes or less are never charged. After-hour, non-emergency or extended telephone consultations are charged at the rate of \$25.00 per quarter hour with a minimum charge of \$25.00.

Notice

A 24-hour notice is required to cancel appointments. I understand that late cancellations or missed appointments cannot be billed to insurance companies and full service fee rates will be assessed and collected prior to scheduling another appointment. As always, emergencies are considered when a fee is assessed for a missed appointment. If I have a check that is returned for insufficient funds, I understand that a \$25.00 fee will be added to the amount originally paid and that this amount is due prior to scheduling another appointment.

Client/Parent/Guardian Signature

Date

Treatment Provider

Date

Credit Card Payment Authorization for Auto Charge

Name _____

Relationship _____

Address _____

Phone _____

MC/VISA No. _____

Exp. Date _____ Security/CV# _____

Name as listed on Card _____

Signature of Authorized User _____