

Melissa Engle, Psychotherapist PLLC

Office Policies Information Sheet

I offer a variety of individual, marriage, and family psychotherapies for adults as well as children. In answer to frequently asked questions and to insure your understanding of my office policies, I ask that you read the following information and initial after each to indicate your understanding. Should you have any questions please feel free to ask.

1. Therapy sessions begin at the scheduled time by appointment. A one hour session is 45-50 minutes. Scheduling will be done at the beginning of each session. _____
2. The fee for a one-hour therapy session is currently \$150.00 (*initial session is \$160*). Fees may be increased every 2 years to allow for inflation. _____
3. Full payment for each session is expected at the time services are rendered. Pre-payments are accepted. Payment may be made by cash, check, or credit card. Payments will be done at the beginning of each session. _____
4. If you are filing your own insurance and would like a receipt for payment, please request this. _____
5. There is a \$30.00 service charge for each returned check. _____
6. You must arrange for payment of any outstanding balances. No outstanding balances of over \$300.00 will be allowed even if arrangement for payment has been made. You are responsible to pay this before further services will be provided. If your financial status prohibits further treatment with me, I will be happy to refer you to alternative agencies. _____
7. Your session time is reserved for you. If you are unable to be here for your appointment you are asked to notify me at least 24 hours in advance. In the absence of your notification, you will be billed for the missed session. _____
8. Every client's need and therapy time is important. It is very disruptive to the therapy process to be interrupted for an emergency call. Therefore, emergency calls should be done only for true emergencies. If time permits, phone calls will be returned between therapy sessions. If there is an emergency that cannot wait and I am not available, you can call 911, or go to the nearest emergency room. _____
9. I may choose to bill your account for any lengthy therapeutic phone calls or emails. _____
10. Patients, doctors, insurance companies and others who request copies of medical records are subject to \$.30 per page with a \$2.00 minimum paid in advance. Shipping and mailing charges are extra. _____

I have read, understand and agree to abide by the above Office Policies Information Sheet:

Printed Name: _____ Date: _____

Signature: _____