



Fee Schedule and Notices

Initial Telephone Screening (15 Minutes):	No Charge
Initial Visit/Clinical Evaluation: Individual	\$250
Therapy:	\$200/hour; \$175/45 min; \$150/30 min
Written Report:	\$150/report
Letters/Form Signature:	\$50/letter or form
Consultation:	\$200/hour
Bounced Check Fee:	\$35/check

- Currently, Everbreeze Psychological Services, LLC, accepts Blue Cross/Blue Shield and Tufts commercial insurance plans. It is the patient's/guardian's responsibility to ensure that services are covered.
- Fees are collected at the time service is rendered and are payable by check, cash, debit, or credit card.
- Fees are subject to change without notice.

APPOINTMENTS

At times, it is not possible to keep a scheduled appointment. If you need to cancel an appointment for any reason, please call Everbreeze Psychological Services (617-997-4967 **at least 24 hours before your scheduled appointment**). A full session fee will be charged for missed appointments or appointments canceled within 24 hours, and will not be covered by insurance. If you are unable to attend due to a medical or other emergency, the fee may be waived at the clinician's discretion and with adequate documentation.

FAILURE TO PAY

The patient/guardian agrees that failure to pay within ten business days of the service date may, at the option of Everbreeze Psychological Services, be construed as a discharge of services by the patient/guardian. The patient/guardian further agrees that if legal action is taken to collect any money under this agreement, the patient/guardian shall pay any collection or attorney fees and that information pertinent to the collection of any amount due be released to a third-party collection agency or attorney.

TERMINATION OF TREATMENT

Everbreeze Psychological Services may terminate treatment without additional notice if 30 days have elapsed without an appointment unless this was previously arranged in writing by the patient/guardian.

COURT APPEARANCES

The patient/guardian agree to compensate Everbreeze Psychological Services \$250 per hour for lost work time, with a minimum of \$2000 per day, for any appearances related to legal issues whether requested or summonsed. Patients/guardians will be charged per hour for any travel, consultation, or preparation time, or time spent in court or deposition or waiting for same. In the case of minors, the parent/guardian signing this form is responsible for this fee unless otherwise arranged. In marital therapy, the spouse responsible for the appearance or subpoena agrees to compensate Everbreeze Psychological Services. The patient/guardian agrees that cancellations without four business days' notice will result in full charge for the days originally scheduled for court related services.

Having read and understood these notices, I agree to abide by the terms outlined in this document.

Client's or Parent/Guardian's Signature

Date

Client's or Parent/Guardian's Printed Name