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Fees and Payment Procedures

Fees

- -The fees for psychotherapy and consultation are as follows:
 - 50 minute session is \$170.00
 - 70 minute session is \$240.00
 - You are responsible to pay the full fee if you cancel your appointment without a minimum of 24-hour notice. 48-hour notice is greatly appreciated.

Telephone Consultation

Your regular hourly fee will be charged on a prorated basis for telephone consultations with you and/or other professionals of over 10 minutes in length. These consultations typically are not reimbursable by insurance. Any such charges will be reflected on the next month's bill. Please be aware that telephone contact between therapist and family, friends, or other health care providers needs prior written consent from you. I have a specific form which I would ask you to sign.

Billing and Payment

Payment in full is expected at the time services are rendered. I accept checks and cash. At the end of each month, you will receive a statement with all procedural codes to submit to your insurance company. This statement will be mailed to you. If your insurance requires the completion of any specific forms in order for you to receive reimbursement, I am willing to handle this paperwork at your request. If Medicare is your primary insurer, please read below.

Medicare Participants:

I prepare and submit all bills. The Medicare reimbursement as well as secondary insurance reimbursement is sent directly to me. You should receive an Explanation of Benefit statement each time your insurance company reimburses me for my services.

If for any reason your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, legal measures are taken to secure payment. This may involve an attorney or a collection agency. If legal means and/or a collection agency is required to secure payment, you will be charged for these costs. In most collection situations, the only information released is a client's name, the nature of the services provided, and the amount of collections,

I have read the information about fees, billing and payment procedures. I have had any questions explained to my satisfaction.

| Client/Parent/Guardian | Date | |
|------------------------|----------|--|
| Donna M. Firer, LCSW-C | Date | |