Donna M. Firer, LCSW - C 7034 Carroll Avenue, Suite 1 Takoma Park, Maryland 20912 (301) 585-8828 * donnafirerlcsw@gmail.com

www.donnafirer.net

Fees and Payment Procedures

Fees

-The fees for psychotherapy and consultation are as follows:

- 50 minute session is \$220.00
- 80 minute session is \$305.00
- Scheduling an appointment secures and becomes your specific time for our meeting together. As such, cancellations with less than 24 hour notice are charged for the full session fee. I greatly appreciate 48 hours advance notice.

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 bill. Please know that telephone contact between therapist and family, friends, or other health care providers needs prior written consent from you. There is a specific form which I would ask you to sign.

Billing and Payment

Payment in full is expected at the time serv	ices are rendered. I accept credit cards, checks, and cash.
,	le me with the information each time we meet, or I can formation on file, please read and initial below.
Please keep my credit card on file for this use. Initialing here provides consent for me to use your credit card, as indicated below, for payment of all services rendered.	
CC number:	Exp date:
Security code:	_ Billing address zipcode:
Statements are provided after each session. The statement contains all the necessary information for you to submit directly to your health care provider for reimbursement/coverage.	
Please initial your preference below:	
Please send my statement as a pe	df through email to the following email address:

Please sent my statement through the US Postal system. Use my home mailing address.