

Center for Anxiety & Behavioral Change

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Billing and Fees Agreement

Welcome to the Center for Anxiety and Behavioral Change. This document (Billing and Fees Agreement) contains important information about our billing and fee practices for our most common professional services. Please note that further information about our billing and fees practices can be found in detail in the Outpatient Services Agreement. This includes information regarding the professional services and adjunct services fees.

CPT Code	Service Provided	Cost
90791	Diagnostic Evaluation	\$260/hour
90834	45-Minute Therapy Session (38-52 Minutes)	\$225
90837	60-Minute Therapy Session (53+ minutes)	\$260
90847/90846	Family Therapy With Patient/Family Therapy Without Patient	\$260/hour
90853/90849	Group Therapy	\$140
90832	30-Minute Therapy Session (16-37 minutes)	\$155
90839/90840	Psychotherapy for Crisis	\$155/30 mins. or \$260/hour
90877	Consultations	\$260/hour
N/A	Transportation	Prorated at \$260/hour
N/A	Accrued Professional Services	\$155/30min

We ask that all patients keep a credit card authorization form on file, which allows us to charge in circumstances where a physical card is not present. This may include, but is not limited to: missed sessions, forgotten wallets, or instances where the paying party is not the patient (for example, a parent keeping a card on file for a child who may come to sessions alone). **Please note that for group therapy, the card on file will be charged the day of group unless another arrangement is made.**

Cancellations, Missed Sessions, and Sessions Attended Late

Sessions cancelled with less than 24 business hours' notice, including cancellations made on weekends and holidays, will be charged for the missed appointment. This also includes group therapy sessions. These charges may not apply under certain conditions of an unavoidable emergency or inclement weather. If you are more than 7 minutes late for a session, please be aware that this may nullify insurance reimbursement for this session as we are legally and ethically required to bill this session under a different service code. If however, your psychologist is available and agrees to it, we may be able to extend the session and this may incur an additional charge. It is important to note that most insurance carriers do not reimburse for missed sessions. **If you must cancel, it is best to first alert the psychologist of the cancelled appointment, before notifying the front office. In the case that therapy appointments are frequently missed, cancelled, rescheduled, or attended late, your regularly scheduled appointment may no longer be available.**

We accept payment in the form of check, cash, Visa, or Mastercard. Please have the physical card present for payment.

Your signature below indicates that you have read this agreement and agree to its terms

Printed Name (Patient or Parent/Guardian)

Signature

Date

Printed Name (Patient or Parent/Guardian)

Signature

Date