

Jill L. Schram, Ph.D., P.L.L.C.

Licensed Clinical Psychologist

POLICIES REGARDING PROFESSIONAL SERVICES

CONFIDENTIALITY

Information and records that are provided or maintained by Dr. Jill Schram will be kept confidential, as required by law. Some examples of when information or records may be released include: life threatening situations, cases of suspected child abuse, when otherwise required by law, or when you request that Dr. Schram release information or records.

FEES

I understand that the current fee schedule is as follows:

Initial Psychological Evaluation	\$195
Individual Full Session/Family Session	\$140
Psychological Testing	Based on tests administered

The fees for patients with participating insurance carriers will be adjusted according to our contractual arrangements. The above fee schedule applies for private pay patients, those with non-participating insurance coverage, or when direct pay insurance benefits are exhausted. I understand and agree that I am responsible for deductibles and copays related to my insurance, and that regardless of my insurance status, I am ultimately responsible for the balance of my account for all professional services rendered. Uncollected fees over 90 days may be forwarded to a collection agency.

I am voluntarily requesting services for psychological evaluation, testing, or treatment.

I give my consent to allow Jill L. Schram, Ph.D., P.L.L.C. and billing staff to communicate with my insurance carrier any medical information necessary to process my medical claim.

CANCELLATION S/MISSED APPOINTMENTS

I understand that if I do not provide a minimum of 24 hour notice for not attending a session, I may be charged for that session. This charge will not be deferred by insurance benefits.

Date

Client signature

Date

Parent/Guardian Signature (if minor)

Date

Witness Signature