Jennifer E. Day, Psy.D., PLLC
Licensed Clinical Psychologist

4165 Westport Road, Suite 303
Louisville, KY 40207

www.drjenniferday.com

502-509-3082 telephone
502-208-7698 fax

Payment Contract for Psychological Services

Client name:_____ **Date of Birth:**_____

Person responsible for Payment of Account:_____

Part One - Fees for Professional Services

Initial Intake Appointment -- $115 per assessment (defined as 60 minutes)

Individual & Family Therapy -- $115 per clinical unit (defined as 45–53 minutes)

Other professional services -- $115 per hour (or $28.75 per 15 minute increment)

Legal Testimony/Preparation of Legal Documents -- $350 per hour

Part Two - Clients with Insurance (Deductible and Co-payment Agreement)

☐ If this box is checked, you have informed Dr. Day that you desire to have services rendered filed with your insurance provider. It is strongly suggested that you review your coverage by contacting your insurance company prior to your first visit. **The Person Responsible for Payment of Account shall make payment for services which are not paid by your insurance policy, all co-payments, and deductibles.**

I (we) authorize Jennifer E. Day, Psy.D., PLLC to disclose billing information including but not limited to: diagnoses, dates of service, service provided, treatment updates to the third-party payer or insurance company for the purpose of receiving payment directly to Jennifer E. Day, Psy.D.,PLLC and/or Dr. Jennifer E. Day.

I (we) understand that access to this information will be limited to determining insurance benefits, and will be accessible only to persons whose employment is to determine payments and/or insurance benefits.

I (we) understand that I (we) may revoke this consent at any time by providing written notice.

I (we) have been informed what information will be given, its purpose, and who will receive it.

I (we) certify that I (we) have read and agree to the conditions and have received a copy of this form if requested.

Part Three – All Clients

- Payments, co-payments, and deductible amounts are due at the time of service.
- Delinquent accounts that are apt due by greater than 60 days may be referred to a collection agency.
- A $35.00 fee will be assessed on all returned checks.
- If you bring a minor for treatment and sign the payment contract, you are ultimately responsible for paying the charges in a timely manner (even if you are divorced and the court has mandated that the minor's other parent be responsible for the medical bills—you will need to pay for the services(s) and, then pursue reimbursement from the other parent).
- **Missed Appointment Fee**: In order to remain fiscally sound, the practice employs a Missed Appointment Fee of $50 in the case of failure to provide 24 hours notice for cancellation of appointments.

Signature of Person responsible for account: _____Date: _____

Signature of Psychologist or Representative:_____Date:_____