

**ELLIS PSYCHOLOGICAL SERVICES, LLC
1487 CHAIN BRIDGE ROAD, SUITE 303
MCLEAN VA. 22101
P: 703-790-0088
F: 703-940-0684**

CLIENT CONTRACT AND PROCEDURES STATEMENT

Practice Policies and Procedures:

Welcome to Ellis Psychological Services, LLC. This document contains important information about professional services and business policies. Please read it carefully and bring any questions you may have to our next meeting so we can discuss them.

Benefits and risks of psychotherapy vary depending on presenting concerns and therapeutic alliance. You may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness before experiencing symptom reduction, functional improvement, and/or sense of relief.

Services & Fees:

Dr. Ellis is available for psychotherapy, psychological testing/evaluation, consultations, and trainings. Fees for psychotherapy are \$175-200 per 50-60 *minute therapy* session. In addition to weekly appointments, Dr. Ellis charges for other professional services you may need at a prorated hourly cost for periods of less than one hour. Other services include report writing, telephone conversations with you lasting longer than 10 minutes, conversations or meetings of any length with other professionals/individuals that you have authorized, preparation of records or treatment plans, and the time spent performing any other service requested. Cash, checks, and credit (using web page pay pal) are acceptable forms of payment.

Insurance Benefits:

Dr. Ellis' services generally qualify for mental health coverage by insurance companies. The nature and extent of coverage can vary even within the same company.

Responsibility falls on the Clients to contact their insurance company to gain a full appreciation for the parameters of benefits plan prior to initiating treatment.

Clients with Carefirst Blue Cross/Blue Shield Insurance:

Clients pay the full maximum reimbursement fee (set by Carefirst/BCBS) each session until their deductible (if any) is met. Once it is met, clients pay only the co-pay each session. Dr. Ellis will then bill the insurance company directly. There may be a limit on how many sessions a plan may reimburse per year. Dr. Ellis will provide information to the insurance company to facilitate reimbursement, to which the client agrees by signing this document.

Clients with insurance other than Carefirst Blue Cross/Blue Shield:

For clients with insurance other than Carefirst Blue Cross/Blue Shield, Dr. Ellis will be characterized as an out-of-network provider and reimbursement amounts will vary. Clients using out-of-network benefits are expected to pay Dr. Ellis' full fee at the time of service (\$175-200). You will be provided service statements that can be submitted to your insurance company for reimbursement. With your written permission, Dr. Ellis will also provide information to the insurance company to facilitate reimbursement should they request it.

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Billing:

Billing can be arranged in either of two ways. Insurance clients pay each session. Non-insurance clients may choose to pay for their sessions at the time of the final session of the month provided arrangements are made in advance. Bills delinquent more than two months may be submitted to an independent collections agency.

Cancellations:

Regular attendance is a critical factor for successful therapy. You are financially responsible for your appointments and/or for those of your child. Counseling sessions are generally scheduled once a week for 50 minutes, and a given hour is considered blocked for a particular client. Thus, a late cancellation results in an open hour, inconvenience, and a loss of revenue. Once an appointment hour is scheduled, you will be expected to pay for it, at a rate of \$ 80, unless you provide 24 hours advance notice of cancellation. If you arrive late for a scheduled appointment, only the remainder of the 50-minute session will be available. Note that insurance companies DO NOT pay for missed appointments.

Forensic and Litigative Services:

It is the stated philosophy of this practice that Dr. Ellis does not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so by subpoena or court order. If you become involved in legal proceedings that require my participation, you will be expected to pay for all professional time, including preparation, deposition, telephone time, transportation costs, court appearance, report writing, consultation, and supervision, even if Dr. Ellis is called to testify by another party. Because of the complexity of legal involvement, Dr. Ellis charges \$250 per hour for preparation and attendance at any legal proceeding.

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CLIENT CONSENT TO TREATMENT

I, _____ (name of client or guardian as applicable),
agree and consent to the policies, procedures, fees, and payment arrangements as described above.

If the patient is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Print Client Name: _____

Signature of Client/Legal Representative: _____

Date: _____