

KAY ATCHISON, LCSW, ACSW
2301 Stonehenge Drive, Suite 202
Raleigh, NC 27615

OFFICE FEES AND PAYMENT POLICIES

Insurance: Reimbursement for most insurance companies is accepted. For insurance companies that require direct billing from the provider, claims will be submitted. Otherwise, collection from third-party insurers is your responsibility. On occasion, insurance companies will deny reimbursement of claims due to policy limitations, exclusions, or benefit limits that have been exhausted. You are responsible for charges not reimbursed by your insurance company. I accept cash or check payment.

Payment: Co-payment, deductible, and/or full fee is expected at each visit and to be paid at the beginning of each session.

Initial Consultation:	60 minute session:	\$150.00
Individual Psychotherapy:	50 minutes:	\$120.00
Couples/Family Therapy:	50 minutes:	\$120.00
Phone Consultations:	15 minute increments	\$120.00/hour prorated

Fees for Services Outside the Office: Fees for school, agency, legal consultations, document preparation or other will be discussed and negotiated prior to charges. Rates for legal consultations, court appearances, records required by subpoena rates are generally billed at \$450.00/hour and are not covered by insurance. Rates for recommendation letters, forms for school, letters/reports to employers, and reports for disability are generally billed at \$200.00/hour and are not covered by insurance.

Telephone Calls: There is no charge for phone contact that is infrequent, an emergency and brief. Phone consultation fees apply when there is not a scheduled phone session but a request for a phone consultation.

Cancellations: 48 hour notice is requested for cancelled appointments. Late cancellation or missed appointments are generally not covered by insurance and therefore your usual fee applies. Please note, appointments are reserved in advance and therefore unfilled appointment times will result in a loss of revenue.

After Hours/Vacation Coverage: Phone calls will be responded to between 8:00am and 6:00pm Monday-Friday. Please note there may be circumstances under which it will not be possible to rapidly respond to your needs. If such an occasion should occur and it involves serious urgency, you will need to call the physician involved with your care, Holly Hill Hospital Respond Team at 919.250.7000, or 911. Vacation coverage will be discussed in advance and information about the professional who is covering will be indicated on the voice mail message.

I, (please print) _____, have read, understand and agree to the above office fee and payment policies.

Signature: _____ Date: _____
(Client)

Signature: _____ Date: _____
(Responsible Party)