· PROCEDURE & FEES CONSULTATION FORM ·

Jenny Savitz-Smith, Ph.D., LPC
2016 Assembly Street · Columbia · SC 29201
Phone: 803-254-4460, ext. 2 · Fax: 803-771-7666

Patient name: _____ Date:_____

Please initial each line, ask any questions as needed, and sign the bottom of the form.

_____ The full fee for a session is due at the time services are rendered. Depending on availability of office staff, we may collect the fee before or after the session. If you owe for additional time, we will collect that at the end of the session or at the next session.

_____ All appointments must be canceled with 24 hours' notice, AND at least one business day. For example, Monday appointments must be canceled on or before Thursday by 4:00 pm, as we are not open on Fridays. If you do not cancel with this proper notice, you will be charged the entire fee to your credit card.

_____ Appointments are 50 minutes. Any appointment that exceeds 50 minutes will be charged at a prorated rate every 15 minutes.

_____ All phone calls, emails, letters or any other contact outside of the session will be billed in 15 minute increments at $65.00 per 15 minutes (or $195 for 45 minutes).

_____ If I must hire an attorney for any reason on your case related to records or Court or custody, you will be responsible for the cost of the attorney.

_____I highly discourage the recording of sessions as I feel that it affects the therapeutic/counseling dynamics. Regardless, I must be notified if you intend to record the session.

_____ Any testimony that I may be asked to provide or subpoenaed to provide will be billed at a rate of 350.00/hour and will include travel time. The responsible party will also be required to pay for preparation time. Fees must be paid in advance of me clearing my schedule, and are non-refundable if Court is canceled or changed for any reason.

_____As of March 15th, 2021 the fee for a 50 minute session will be $200.00.

_____ While we are willing to file insurance for you as a courtesy, we are out of network with all insurance companies. If the claim is not paid, you can receive a super bill from us, which you can use to continue to try to collect from your insurance company. Fees are due in full at the time of service for all sessions, regardless of insurance. If for some reason your insurance pays us, we will reimburse you immediately or ask if you'd like it applied as a credit to your account.

_____ Insurances provide us with minimal to no information regarding submitted insurance claims; it is your responsibility to follow-up on the status of your insurance claims.

_____We will only file to your primary insurance company. It is your responsibility to file to your secondary insurance.

_____Since we have very few after school appointments, we ask that you schedule every other appointment at some time other than 3:00 pm.

_____ Dr Savitz-Smith is willing to schedule appointments further than 2 weeks in advance with the understanding that her schedule may not be completely updated with any time off that she may need to take. Therefore, please understand that we might need to ask you to move your appointment as needed.

_____ We reserve the right to cancel your appointment if you have not made prior payment arrangements and you have one unpaid missed appointment or two unpaid therapy sessions. We will make every attempt to contact you and collect payment prior.

_____For custody/divorce cases/family court cases accepted into Dr. Savitz-Smith's caseload after January 1, 2019: Due to the amount of time often needed to consult with other professionals, such as attorneys, Guardian ad Litems, etc.; as well as the review of case materials, such as court documents, each parent is required to pay a retainer of $1,000 each. Each parent will be asked to pay another retainer once the account decreases to the cost of the next session.

_____For child/adolescent sessions, if only one parent is in attendance we will charge that parent and give a receipt so that you may collect from each other. Your agreement to split sessions is an agreement with the courts with the two of you as parties to the action. Each parent must go through their attorney for any financial disputes between parties. Full payment is due at the time services are rendered.

_____In any case in which you are asking for us to divide fees between 2 parties, we will only do so if both parties are prepared to pay at the time services are rendered. We are willing to keep a credit card on file, but if the credit card information is not up to date, the person at the appointment will be required to pay the fee in full and will be provided a receipt for reimbursement from the other party.

_____ Our billing system does not separate payments. It is the parents' responsibility to keep track of what they pay for services. Receipts are provided or offered at every session.

_____ _____

Client/Parent Name Date

_____

Client/Parent Signature

_____ _____

Staff member consulting name Signature