



**1212 York Rd., #A302
Lutherville, MD 21093
(443) 470-9815 (Telephone)
(410) 296-0609 (Fax)
CBTBaltimore@gmail.com**

Fee Agreement for Services

In-person office visits:

Standard sessions conducted in the office will be 45-50 minutes long. Any additional time spent in a session over this allotment will be billed accordingly. This means that overtime will be billed based on a percentage over your full, 45-minute session fee.

You will agree to pay for the full amount before the session commences. CBT Solutions of Baltimore accepts cash, check, money order, and credit card (Visa, MasterCard, American Express, and Discover).

Most CBT Solutions providers are not currently credentialed with any in-network mental health insurance plans. However, for those with out-of-network insurance benefits, CBT Solutions can help you obtain partial reimbursement from your insurance company for treatment fees when appropriate and possible. However, please note that patients are ultimately responsible for corresponding with their insurance company when arranging for and obtaining reimbursement.

MEDICARE PATIENTS: CBT Solutions is not a Medicare provider. If you are insured through Medicare and want to be treated at CBT Solutions, there is a form you must sign indicating that you are opting out of Medicare reimbursement for CBT Solutions services.

In-person, out-of-office visits:

On some occasions, clients may receive additional benefit from meeting in a location other than the office. If an out-of-office visit is planned, you will be responsible for time spent traveling to the meeting location. The fee for travel time will be one half (50%) of the session fee, charged in 15-minute intervals.

Electronic Communication:

Beyond what is deemed typical contact, you will agree to pay for time spent on your case via the telephone or other electronic forms of communication (e.g., email, text messaging). This will include time the therapist spends corresponding with the client, parent(s), other health care providers, school personnel, legal representatives, and other people related to your treatment and case. The fee for this correspondence will be charged in 15-minute intervals with each interval costing 100% of the session fee. The therapist will let you know in advance if such fees will be charged. This correspondence is unlikely to be reimbursable through out-of-network insurance benefits. Please check with your insurance plan for more details.

Letter and Document Preparation or Review:

Beyond what is deemed typical preparation time, you will agree to pay for time spent preparing letters and/or documents relating to your case in any way. This will be charged based on the time spent preparing the letters/documents (or reviewing letters/documents when not done during session time). The fee for these activities will be charged in 15-minute intervals with each interval costing 100% of the session fee. The therapist will let you know in advance if such fees will be charged.

Cancellation Policy:

CBT Solutions requires a **minimum of 48-hour cancellation notice** by voicemail. If you do not contact the therapist within 48 hours of your scheduled session time, you will be charged the full fee for that session. Exceptions may include inclement driving weather, serious illness that prevents you from keeping your appointment, or other circumstances deemed appropriate by your CBT Solutions provider.

If you cancel without sufficient notice more than three times for any reason (even if they seem legitimate but occur more frequently than with other clients) and do not pay the full fee for your missed session, CBT Solutions will discontinue treatment with you in order to work with the many clients who are waiting to receive treatment and show commitment to attendance/payment. You will be provided with referral information for other providers. Each hour/session time in which the therapist does not see you and cannot schedule another client due to cancellation on short notice is “lost time.” CBT Solutions cannot stay in business and help people if the schedule contains lost time.

Failure to pay at the time of your session:

At your initial visit, I will ask you to provide us with a valid credit card number to be used in the event of your inability to pay at the time of your session. Your credit card information will also be used if you fail to show for your appointment or call to cancel within 48 hours of your appointment.

Balances not paid within 60 days will be handed over to a formal collection agency unless arrangements are made with CBT Solutions of Baltimore.

Credit card information:

Credit card (please circle): Visa MasterCard Discover American Express

Card Number: _____

Expiration Date (mm/yy): _____

CSC (last 3 digits on back of card near the signature line for all cards but American Express, on which it's located on the front of the card and instead consists of 4 digits): _____

Name on card: _____

Address associated with card:

Telephone number associated with the card: _____

Email address: _____

Change of fees:

CBT Solutions reserves the right to adjust out-of-pocket fees at any time, with one-month advanced **verbal** notice of any increase in rate. You therefore have the right to continue to see me for treatment at my new, increased rate or find a different treatment provider to fit your financial needs.

Please sign and date the form below. CBT Solutions will keep a copy of this document for its records, as should you. All the above-mentioned policies and fees are in line with regular health care practice guidelines. By signing this document, you agree to the terms described above and will be responsible for full payment of the details described.

Signature: self (or parent if under 18 years of age)

Date

Printed Name