

**Wendy G. Newton, PsyD**  
3939 NE Hancock Street, Suite 314, Portland, OR 97212  
Phone: (503) 869-9092 ~ FAX: (503) 473-8273

## Fee Agreement

**Fees for Services:** The initial evaluation session is \$200. Subsequent psychotherapy services are \$160 per 50-minute session. Longer or shorter sessions will be billed on a pro-rated hourly basis. Additional time spent on your behalf outside of our sessions, such as prolonged phone calls, preparing letters, evaluating psychological test data, preparing psychological reports, or conferring with other professionals, will be billed at the pro-rated hourly rate.

**Payment:** Full payment is due at each session unless other arrangements are made with me. If I am a contracted provider for your insurance policy, your co-pay or co-insurance will be due at time of service. Please have your payment ready at the beginning of the session.

**Insurance Reimbursement:** If you have health insurance, it will usually provide some coverage for mental health treatment. Insurance plans are often limited to short-term treatment, and it may be necessary to seek approval for more therapy after a certain number of sessions. I am happy to provide you with whatever assistance I can in helping you receive the benefits to which you are entitled.

Please be aware that managed health care plans often require authorization before providing reimbursement for mental health services. In addition, most insurance companies require at least a clinical diagnosis; sometimes additional clinical information such as treatment plans or summaries may be required for payment of services.

Even if you have insurance, payment of services ultimately is your responsibility if coverage is denied.

**Cancellation:** If you are unable to keep your appointment, please provide me with as much notice as possible. There is a 50% charge for appointments not cancelled 24 hours in advance. Insurance companies will not pay for missed sessions.

**Delinquent Accounts:** If delinquent for more than two months, your account may be submitted to an attorney or a collections agency and, in that event, your confidentiality will by necessity be breached. You will also be responsible for any legal or collection costs incurred.

In addition,

~ Returned checks are subject to a \$20 processing fee.

~ Delinquent accounts are subject to a \$20 late fee each month.

**Billing:** I use a billing service, River City Billing (RCB), to handle and track your account. Information necessary for this will be provided to RCB unless otherwise requested by you. If you have any questions about your bill or your insurance coverage, you may contact RCB at (503) 287-2171.

**I have read and understand the above-stated information and fee agreement. I understand that I am financially responsible for all charges, regardless of insurance, unless otherwise agreed to by Wendy G. Newton, Psy.D.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_