Powers Ferry Psychological Associates, L.L.C.

1827 Powers Ferry Rd., Bldg. 22, Atlanta, Ga. 30339 770-953-4744 Fax: 770-953-4640

Katherine Higgins PH.D., Fee Schedule & Assignment of Benefits

 Annual Administrative Fee 		\$10	yearly
• Initial Consultation Sessions 90791 - at least 53 min and not more than 90 min		\$175	per hour
 Individual Therapy 90837 - ≥ 53 minutes 		\$175	per hour
Missed/Late Cancellation of an Appointment or T within less than <u>24</u> hours / days' notice	esting Appointment	\$100	
1. I understand that regardless of my insurance status, I a my account for any professional services rendered.	am ultimately respon	nsible fo	or the balance or
2. I hereby authorize and request the insurer(s) that I or n Katherine Higgins Ph.D. any benefits due under the tern following address: 1827 Powers Ferry Rd. Bldg 22, Marie	ns of this policy for		
3. I understand and agree to pay the above fee schedule hours or miss the appointment except in case of emergence		y appoii	ntment within 24
signature of patient or guardian	date		
signature of psychologist	date		