Powers Ferry Psychological Associates, L.L.C.

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

Jennifer Spring, 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 | \$ 190 | per hour |
| Individual Therapy 90837 – ≥ 53 minutes | \$ 175 | per hour |
| • Family / Couples Therapy 90846 without the client - \ge 53 minutes 90847 with the client - \ge 53 minutes | \$ 175 | per hour |

• Missed/Late Cancellation of an Appointment or Testing Appointment \$75 within less than <u>24</u> hours / days' notice

1. I understand that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered.

2. I hereby authorize and request the insurer(s) that I or my child am covered under to pay directly to Jennifer Spring, Ph.D. any benefits due under the terms of this policy for services rendered to the following address: 1827 Powers Ferry Rd. Bldg 22, Marietta, Ga. 30339.

3. I understand and agree to pay the above fee schedule if I fail to cancel my appointment within 24 hours or miss the appointment except in case of emergency.

signature of patient or guardian

date

signature of psychologist

date