



Notice from the Practice Administrator  
301-774-0575 or 301-587-2818

**PLEASE, PLEASE, PLEASE READ ~ If you have any questions, do not hesitate to phone me.**

- ◆ **ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE, PLEASE.** Checks can be made out to R. Patrick Savage, Jr. Ph.D.
- ◆ **YOU WILL RECEIVE A CLAIM FORM ON A MONTHLY BASIS THAT YOU CAN SUBMIT TO YOUR INSURANCE COMPANY** Your insurance company should then reimburse you directly. I suggest making a copy of the claim form for your files before sending to the insurance company.
- ◆ It is advisable for you to **PHONE YOUR INSURANCE CO. TO OBTAIN BENEFIT INFORMATION** that is specific to *Outpatient Mental Health* services. You should also check on whether or not **PRE-AUTHORIZATIONS OR PRE-CERTIFICATION** are required by your insurance company at that time. Your doctor/practice manager is available for assistance in obtaining pre-authorization or pre-certifications upon request. At the time of request **specific** pre-authorization information will need to be supplied by the client.
- ◆ **IMPORTANT:** Payment for services rendered are your responsibility. **PLEASE MAKE SURE THAT YOU REVIEW OUR POLICIES REGARDING MISSED OR CANCELED APPOINTMENT** in this packet (see the Policies & Procedures)
- ◆ **Please keep in mind that a 1% late fee will be added monthly on all delinquent accounts. If your account is turned over to a Collections Agency, you will be responsible for all the collection fees (up to 32% of the balance owed).**
- ◆ **NOT ALL SERVICES ARE A COVERED BENEFIT IN ALL INSURANCE CONTRACTS. You will be responsible for the fees associated with non-covered services. (Some examples are: telephone consults with you or other professionals on your behalf, special request letters or reports & testing for educational purposes)**
- ◆ If we have not already discussed what your payments are and/or you have *any further questions* or changes in insurance that I need to be aware of, please feel free to phone me during business hours at 301-587-2818. Dr. Savage is option #2, then *Follow the prompts to speak with the practice administrator.*
- ◆ For all scheduling and billing needs, please feel free to contact the practice administrator. For all clinical needs, follow the instructions to contact your therapist.

~ **Current Fees** ~

|                                  |                   |
|----------------------------------|-------------------|
| Initial Intake - (1-2 sessions)  | \$ 210 each       |
| Subsequent sessions              | \$ 200 each       |
| NSY Evaluation, Scoring & Report | \$ 1,500 to 2,750 |

**FOR ALL TESTING CASES - a 50% deposit is required (\$ 750.00 to \$1375.00) prior to scheduling the testing dates.** The balance will be expected prior to the printing of the Final Copy of the report (unless other arrangements have been made). **Please note that there is a charge for missed or canceled appointments that have been scheduled for testing.**

Forensic Services: Check with the Practice Administrator for rates

Thank you