

Powers Ferry Psychological Associates, LLC

1827 POWERS FERRY ROAD ♦ BUILDING 22, SUITE 200 ♦ ATLANTA, GA 30339

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Tamara Onley, MS, LAPC

FEE SCHEDULE & ASSIGNMENT OF BENEFITS

Yearly Administration Fee	\$10.00
Initial Consultation Session	\$75.00
Individual Therapy (50 minutes)	\$75.00
Family Therapy / Parent Training (50 minutes)	\$75.00
Educational Consultation With Schools	\$150.00/hour
▪ Phone Consultations and Participation in School Meetings (<i>Includes Travel Time</i>)	
Legal / Court Work - (DEPOSIT REQUIRED)	\$150.00/hour
▪ Includes Phone Consultations, Preparation for Hearing, Travel Time, Court Time, etc.	
<u>OTHER SERVICES:</u>	
▪ Telephone Calls (<i>Longer than 5 minutes with patient or other professional</i>)	\$75.00/hour
▪ Letter Writing, Completion of Forms, Record Copying, Mailing, etc.	(Prorated for time)
** Missed / Late Cancellations of Testing Appointments (LESS THAN <u>7 DAYS NOTICE</u> on business days)	\$75.00 & up
** Missed Appointments / Late Cancellations (LESS THAN <u>24 HOURS NOTICE</u> on business days)	\$75.00

PAYMENT AGREEMENT

1. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered, including any balance not covered by my insurance.
2. I understand and agree that payment is due at time of service.
3. I understand the various forms of acceptable payment.
4. I understand that it is my responsibility to pay for any missed appointments, or for appointments that I fail to cancel within 24 hours.

YOUR SIGNATURE BELOW INDICATES THAT YOU UNDERSTAND AND AGREE TO THE FEE SCHEDULE, CANCELLATION POLICY, AND PAYMENT TERMS OUTLINED ABOVE.

Patient Name (please print)

Signature of Patient, Parent, or Legal Guardian

Name of Person Responsible for Account / Relationship to Patient

Date

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Counselors Signature

Date