POWERS FERRY PSYCHOLOGICAL ASSOCIATES, LLC

1827 Powers Ferry Rd., Bldg. 22, Atlanta, GA 30339

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FEE SCHEDULE & ASSIGNMENT OF BENEFITS - KIMBERLY SMILEY, PSY.D.

Service	Fee	Details / CPT Code
Annual Administrative Fee	$12	Billed annually to maintain your account.
Initial Assessment Session	$225	CPT 90791 – 53 to 90 minutes
Individual Therapy Session	$200	CPT 90837 – At least 53 minutes
Couples/Family Therapy (with client)	$200	CPT 90847 – At least 53 minutes
Couples/Family Therapy (without client)	$200	CPT 90846 – At least 53 minutes
Missed Appointment / Late Cancellation (1st occurrence)	$50	Less than 24 hours' notice
Missed Appointment / Late Cancellation (after 1st occurrence)	$200	Less than 24 hours' notice
Other Professional Services	$200/hour (pro-rated)	Includes: reports, letters, phone calls or emails > 5 min, form completion, records, etc.
Legal / Court-Related Services	$500/hour	Includes travel, prep, testimony, depositions, and consultations

PAYMENT TERMS & POLICIES

By signing below, you acknowledge and agree to the following:

1. Responsibility for Payment: You are ultimately responsible for all charges incurred, regardless of insurance coverage.

2. Insurance Authorization: If you use insurance or benefits, you authorize payments to be made directly to Kimberly Smiley, Psy.D., LLC at the above address.

3. Missed Appointments: Appointments missed or canceled with less than 24 hours' notice (unless due to emergency) are not covered by insurance and will be billed according to the schedule above.

4. Outstanding Balances: Balances not paid within 60 days may incur a 1% monthly finance charge (12% APR).

<u>Acknowledgment</u>

By signing, you confirm that you have read and understand this fee schedule and payment agreement.

Printed Name of Patient: _____

Signature of Patient or Guardian: _____   **Date:** _____

Signature of Psychologist: _____   **Date:** _____