

PRESENT CENTER for MINDFULNESS AND HEALING, LLC

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2 Cub Lake Road
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Billing Responsibility Agreement

I understand that I am ultimately responsible for all charges. In the event a third-party payer (such as my health insurance plan) does not pay my therapist for any billed sessions or other fees, I accept responsibility for paying those fees.

I understand that appointments reflect professional time set aside by my therapist for me and will do my best to make all scheduled appointments or to cancel them with at least 24 hours notice.

I accept responsibility for paying a **\$75.00 fee** for each appointment broken without at least **24 hours notice**.

Schedule Of Fees

<i>Amount</i>	<i>Service Provided</i>
\$150.00 per Hour	Session Time
\$300.00 per Hour	Any and all documentation preparation and compilation for court.
\$3000.00 per Day	One day in court. Must be paid in full by day of appearance.
\$150.00 per Hour with 15 Minute Minimum	Any contact with providers, agencies, schools, etc.
\$300.00 per Hour	Court consultation via telephone. One hour minimum billed.
\$150 per Hour	All services related to psychological testing <i>not</i> covered by insurance. Including scoring and report compilation.

Patient, parent, or legal guardian signature

Date

Witness

Date