

Dear Clients:

After considerable thought and due to an increase in my administrative expenses, I am making a nominal increase in my rates effective October 1<sup>st</sup>, 2020.

<b>Type of Service</b>	<b>Current Rate</b>	<b>New Rate Effective 10/1/2020</b>	
25 – 30-minute session	\$135	\$148	
50 – 60-minute session	\$195	\$200	
Initial Diagnostic Evaluation	\$300	\$300	<b>Initial Below</b>
Brief clinical phone call	\$70	\$70	<b>X</b>
Basic office rate for other services, including (but not limited to): Letters on patient’s behalf; review and/or preparation of records; and, telephone consultation with patient or on patient’s behalf (i.e.: with attorneys, caregivers, etc. upon receipt of signed release of information from patient.)	\$70 (per 15 minutes)	\$70 (per 15 minutes)	<b>X</b>
Missed Appointment or Late Cancellation Fee (cancellation within 48 business hours of appointment) *After the 2 <sup>nd</sup> missed or late canceled appointment, any future missed appointments or late cancellations are charged at the full rate of the scheduled session.	\$85	\$85 for 30 min \$125 for 50 - 60 min <b>*After 2<sup>nd</sup> missed appt, fee is:</b> \$148 for 30 min \$200 for 50 - 60 min	<b>X</b>
Refills for Schedule II medications or psychostimulants that occur outside of scheduled appointment times.	\$0	\$15	<b>X</b>
Prior Authorizations: Up to 30-minutes our office spends to compile evidence and summarize records to compel your insurance to pay for medications. Fee to be paid prior to the Prior Authorization process being initiated.	\$0	\$20	<b>X</b>

Please note that this fee increase notification replaces the financial agreement signed at your initial evaluation. New clients beginning treatment after July 1, 2020 are already observing the increased rates.

I value our therapeutic relationship and remain committed to providing you the best quality psychiatric and mental health care. I look forward to talking to you about this adjustment and any other input you may have for us. I encourage you to raise any questions with me.

Sincerely,

*Suzanne H Grantham*

**Suzanne H. Grantham, PMHNP**

\_\_\_\_\_  
Patient / Responsible Party Signature: Date:

\_\_\_\_\_  
Printed Name **Relationship to Patient:**  
 Self  Parent/Guardian  
 Other: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature