

Dr. Anna Tamis, Ph.D.
Clinical Psychologist
Limited License to Practice in NY #P106491**
Licensed Educational Psychologist, CA #3889
Ithaca, NY 14850

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SERVICES FEE AGREEMENT

Psychological Services Fee Schedule

Consultation or Intake (Initial Visit) – 60 min.	\$250.00
Psychological Testing – 60 min	\$250.00
Test Scoring, Interpretation- 60 min	\$250.00
Report / Document Preparation- 60 min	\$250.00
Collateral Contact Interview- 60 min	\$250.00
Review of Records – 60 min	\$250.00

Administrative Fees

Returned Check	\$30.00
Document Copy	\$30.00

<p>_____</p> <p>(Patient or guardian initials)</p>	<p>CANCELLED / MISSED APPOINTMENTS</p> <p>A scheduled appointment means that time is reserved only for you or for your dependent. Please be on time for your appointment time. If a patient is late more than 20 minutes of their scheduled appointment time, the appointment is cancelled and the patient will be charged a late cancellation fee for the session at your agreed upon session rate. If an appointment is missed or canceled with less than ONE BUSINESS DAY notice, the patient will be billed at agreed upon session rate.</p>
<p>_____</p> <p>(Patient or guardian initials)</p>	<p>PAYMENT AND DELINQUENT ACCOUNTS</p> <p>You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested. Total fees are to be paid at the first date of service. A fee of one and one half percent per month (18% per year) may be added monthly to all outstanding accounts in excess of 30 days. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.</p>
<p>_____</p> <p>(Patient or guardian initials)</p>	<p>INSURANCE / MANAGED CARE</p> <p>I do not directly accept any form of insurance, unless prior arrangements have been made. If you carry insurance, you must verify coverage and seek reimbursement from your insurance provider by yourself. My office can provide you with a detailed invoice for insurance purposes, but the patient is expected to communicate with their insurance provider directly.</p>

Please sign to indicate that you have carefully read and agree to the above conditions.

 Print Patient Name and Date

 Signature of Person Financially Responsible and Date

****Dr. Tamis is currently being supervised for her remaining 90 clinical hours to acquire her NY state license in clinical psychology by Dr. Francesca Balada NY license #01933. She can be reached at drbalada@drbalada.com.****