

BRADLEY D. POWELL, Ph.D.
2400 Broadmoor, Suite C * Bryan, TX 77802
(979) 774-9255 * Fax (979) 774-9299

FINANCIAL RESPONSIBILITY AGREEMENT

Usual and Customary Fees:

- Initial diagnostic interview/assessment * \$250.00
- Counseling and consultation services * \$150.00 (50 minutes)
- Testing and evaluation * \$175.00 (per hour)

If Dr. Powell is a preferred provider for your insurance or managed care plan, then special discount fee arrangements may apply.

PAYMENT:

Fees are due and payable in full at the time of service. Applicable co-payments, deductibles, and co-insurance must be paid at each session. All other financial arrangements are made on a limited, individual basis. When there is a balance due on your account, you will receive a monthly statement. Balances over 30 days may be charged 18% annual interest. If you have difficulty paying your bill, please talk to Dr. Powell so every effort can be made to work out a solution. We hope this explanation helps you to understand the business side of your counseling experience so that we can focus on your personal concerns. Please feel free to ask if you have any questions.

APPOINTMENTS:

All services are available only by appointment. When it is necessary for you to cancel an appointment, please give notice at least 24 hours in advance of your scheduled time. A \$20.00 fee may be assessed for failure to cancel an appointment ahead of time.

I have read the financial agreement policy stated above, and I understand and acknowledge that counseling and psychological services rendered and charged to the patient are the responsibility of the patient and/or guarantor.

I hereby guarantee payment in full for services rendered by Dr. Powell to or on behalf of the patient. Patient and/or guarantor agrees to pay for services at the time they are rendered or according to our fee arrangement. Should collection efforts be necessary, all agency and/or attorney fees incurred will be the responsibility of the patient and/or guarantor. Your signature also authorizes release of any information necessary to process insurance claims and for the benefits to be paid directly to Bradley Powell, Ph.D. for any and all service dates.

Patient/Guarantor Signature

Date