

REQUEST FOR ADDITIONAL SERVICES

You have requested that I provide individualized services to you or your child, _____
This form explains my office policies and clarifies certain legal matters.

Services I offer include meeting with you or your child, preparing letters, abridging reports, reviewing records, researching literature on relevant subjects, attending meetings, or consulting with other professionals or academic personnel. If services require me to travel outside the office, I charge for the time spent in transit as well. Presently, anticipated services and time anticipated in each include:

<u>Services</u>	<u>Time</u>

Total anticipated time/charges _____

My hourly fee for services is \$360, and it is due at the time of request. Please note I require two working days/48 hours notice for cancellation of appointments or meetings, or I charge for my time. I accept payment by check or by Visa or Mastercard. Please use the "Credit Card Authorization Form" on the "forms" page of this website if you wish to pay by credit card.

At your request, I will provide you with a receipt or a superbill for your insurance company. Some insurance carriers will require information before they will reimburse and refusing to provide this may jeopardize your reimbursement. If this is the case with your carrier, we will talk about information they are requesting and make decisions regarding what will be released. I will release no information without your consent.

CONSENT AGREEMENT: I have read, understood, and agreed to each of the previous statements. I asked questions about any parts that cause me concern or I did not understand fully. By signing below I indicate that I understand and agree to the terms of this agreement.

Signature

Date

Your name (please print)

Child's name (if applicable)

Address and phone